Confederated Tribes of the Goshute Reservation (CTGR) HC 61-BOX 6104; IBAPAH, UTAH 84034

COVID-19 CARES ACT RELIEF for EDUCATIONAL ASSISTANCE

					on tribal sustadial	
To receive assistance for your stu						
years or older) must complete thi						
Committee to review the needs for your student(s) needs on or off the						
enrolled in an elementary, second						
with the CTGR Education K-12 Rei						
Parent Name: Guardian Name:						
Name of Non-Tribal Custodial Par						
Name of Adult Student:						
Full Mailing Address:			111541	City:	State:	7in·
Phone #:	Alternate	Phone #:		Last fou	r (4) digits of SS#: x	хх-хх
CTGR Tril	bally-Enroll	ed Student(s)	in Elementary,	Secondary, H	gher Education	
Full Name of Student	Age	Date of	Type of	Triha	l Enrollment #	Verification of
	Age	Birth	School	ITIDATE	i Lili Olli lielit #	Enrollment
		- Dirtii	3011001			(Office use only)
						Y/N
						Y / N
						Y/N
						Y/N
						Y/N
						Y/N
enrollment for each of your stude Covid-19 Pandemic". The items the monthly payments for internet se limited to bulk purchases by this parail or scan and email the first int Jo Oppenhein; email address: jo.	hat we are or rvice up to program. Pa ternet servi	covering for ea \$100.00 mont arents/guardia ce bill, online s	ach student liste hly, for each fou ans are responsi school verification	d above, is or ur (4) months ble for orderin	e (1) laptop, and co (Sept. to Dec. 2020 ng internet service a	overing four (4) only). Laptop brand and sending in by
	CT	ΓGR Tribally-E	nrolled Student	Summary		
Name of Item		Quantity Enrol			lment Form Included	
Nume of item		Quarterty				
**All equipment is provided for perm	anent use an	nd ownership by	the recipient(s).	So, parents/gu	ardians are fully respo	onsible and liable for
any costs of the laptop or internet ser			15 E			cracking, or
downloading programs not suitable f	or online edu	ication and cau	sed a crash on lap	top and many	other situations.	
By my signature below, I attest that th	e informatio	n provided abov	ve is true and corre	ect and that the	student(s) listed are	enrolled members in
Confederated Tribes of the Goshute Re						
I will jeopardize future services with <u>al</u>	I the CTGR T	ribal Departmen	nts, including any f	Relief Program.	I certify that the assis	stance received are
used for the purposes they are intended	ed for: "Educ	ational/Distance	e Learning due to	the Coronavirus	or also known as the	e Covid-19 Pandemic".
Signature:			Da	ate:		
Office Use Only-Please Do Not Write In This Spa					Total Approved for	Household:
	# of	Students Approved:		-	. 3.4	
Department, Committee/Caseworker initials:						