

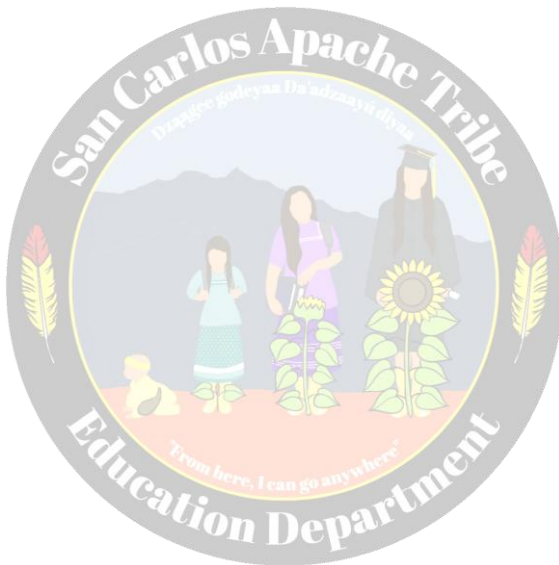
# 2025-2026 Clothing Assistance Application

**AUGUST 11-15, 2025**

**Deadline 8/15/2025**

**No Exceptions**

**All documents required**



**Reopened –  
ACCEPTING  
APPLICATIONS**

**SCAT Education Department**

## **CHECK LIST OF REQUIRED DOCUMENTS FOR EACH CHILD:**

- ☐ **1. Completed Application**
- ☐ **2. Birth Certificate**
- ☐ **3. Certificate of Indian Blood**  
(Must have current Vice & Chairman listed)
- ☐ **4. Proof of Enrollment 25-26 SY**
- ☐ **5. Parent State ID**

## **IF APPLICABLE LEGAL DOCUMENTS – 1 OF THE FOLLOWING:**

- ☐ **Notarized Power of Attorney**
- ☐ **Copy of Adoption Decree**
- ☐ **Copy of Legal Guardianship**

## **ELIGIBLE CHILDREN:**

Child must be an enrolled member of the San Carlos Apache (no exceptions). Child must have proof of school enrollment for the 2025-2026 school year. Children that are SCAT Members in Preschool/Head Start, & Kindergarten through 12th grade for 2025-2026 school year.

## **PARENT/LEGAL GUARDIAN ID:**

Parent/Legal Guardian must bring/submit 1 form of Identification (ID) to verify you are the parent or legal guardian.

## **SCAT MEMBERS LIVING OFF THE RESERVATION:**

SCAT Member with a permanent address off the reservation in-state or out-of-state can submit their application and all their supporting documents online to [clothingasst@scat-nsn.gov](mailto:clothingasst@scat-nsn.gov)

## **LOCAL SCAT MEMBERS ON THE RESERVATION:**

SCAT Members that are living in the San Carlos, Bylas, Globe and Miami area are to submit their application in-person.

**SUBMITTING AN APPLICATION ONLINE AS A LOCAL MEMBER WILL NOT PROCESS YOUR APPLICATION FASTER. ALL COMPLETED APPLICATIONS ARE REVIEWED IN THE ORDER RECEIVED AND CAN TAKE UP TO 10-15 BUSINESS DAYS TO PROCESS. INCOMPLETE APPLICATION WILL BE PENDING UNTIL ALL DOCUMENTS ARE RECEIVED. APPLICATION WILL NOT BE ACCEPTED AFTER 8/15/2025. HEAD START/PRESCHOOL & K-12<sup>TH</sup> FOR THE 2025-2026 SCHOOL YEAR.**

SAN CARLOS APACHE TRIBE CLOTHING ASSISTANCE FORM 2025-2026



**SCAT Education Department**

Mailing Address: P.O. Box 0 San Carlos, AZ 85550

Attn: Director Flora Talas

Phone: 928-475-2336

**ONLINE 8/2025** Email: clothingasst@scat-nsn.gov



PARENT/LEGAL GUARDIAN INFORMATION

<b>Parent 1 Last Name:</b>	<b>Parent 1 First Name:</b>
Relationship to child: Mother – Father – Grandma – Grandpa – Aunt – Uncle – Foster Parent – Other: <small>Circle One</small>	
<b>Parent 2 Last Name:</b>	<b>Parent 2 First Name:</b>
Relationship to child: Mother – Father – Grandma – Grandpa – Aunt – Uncle – Foster Parent – Other: <small>Circle One</small>	
<b>Permanent Mailing Address:</b>	<b>Phone Number:</b>
<b>Email Address:</b>	

CHILD INFORMATION – ALL INFORMATION MUST BE COMPLETED

Required Documents for each SCAT child/student: 1. Application 2. Birth Certificate 3. SCAT Certificate of Indian Blood (CIB) 4. Proof of Enrollment  
If Applicable – Legal Document (1) of the following: Notarized Power of Attorney, Copy of Adoption Decree or Legal Guardianship

1	Child Last Name:	Child First Name:	Gender: M F	Date of Birth:	SCAT Enrollment #:	District:
	School Name & Address:				Grade 2025-2026 SY:	
2	Child Last Name:	Child First Name:	Gender: M F	Date of Birth:	SCAT Enrollment #:	District:
	School Name & Address:				Grade 2025-2026 SY:	
3	Child Last Name:	Child First Name:	Gender: M F	Date of Birth:	SCAT Enrollment #:	District:
	School Name & Address:				Grade 2025-2026 SY:	
4	Child Last Name:	Child First Name:	Gender: M F	Date of Birth:	SCAT Enrollment #:	District:
	School Name & Address:				Grade 2025-2026 SY:	
5	Child Last Name:	Child First Name:	Gender: M F	Date of Birth:	SCAT Enrollment #:	District:
	School Name & Address:				Grade 2025-2026 SY:	

*I, the parent/legal guardian certify that all the information provided is valid and correct to the best of my knowledge.*

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

FOR OFFICIAL USE ONLY

Date Received:	Time:	Reviewed By:	Approved:	Total Amount:
	Location:		Disapproved:	Reason:

**ONLINE 8/2025**

**San Carlos Apache Tribe**  
**Vendor Registration Form A**

**ONLINE 8/2025**

This form is to be completed by the recipient as part of the vendor registration process. The form must be completed, signed and forwarded to the Finance Department before any checks or purchase orders can be processed. Registration information will be used for both financial tracking and tax reporting to the Internal Revenue Service. Departments submitting requisitions for a vendor not registered will have the requisition returned to the Department. Vendor registration forms are requested yearly following the IRS calendar year; January to December.

**Payee Information:**

Name (Business Name): \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Company Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Type of Payment:** Identify type of payment

- ☐ Assistance: General or other
- ☐ Award/Incentive (W-9 required)
- ☐ Student \_\_\_\_\_ Minor 18 or below (Parent must sign vendor registration form)
- ☐ Tribal Non-Profit Organization (W-9 required)
- ☐ Tribal Committee member/board member
- ☐ Tribal Employee \_\_\_\_\_ Emergency hire \_\_\_\_\_ Temporary hire \_\_\_\_\_ Tribal Employment Contract
- ☐ Tribal Department
- ☐ Tribal Enterprise (W-9 required)
- ☐ Refund: Tribal Court bond S. C. Recreation
- ☐ **Other 2025 CLOTHING ASSISTANCE** \_\_\_\_\_

**Tax Identification Number:** Identify the tax reporting number for Tribe use in reporting income to IRS if applicable.

Employer Identification Number (EIN) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I am not subject to Federal Withholding requirements

I am subject to Federal Withholding requirements

I verify the information submitted is true and accurate.

Vendor Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Parent or Legal Guardian Release (If applicable):** I release information of my minor child listed above.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Information:**

Department Name: SCAT EDUCATION DEPARTMENT Person submitting information: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: 928-475-2336

**Finance Department:**

☐ Reportable income ☐ Non-reportable income

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

ONLINE 8/2025

## Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Print or type.**  
**See Specific Instructions on page 3.**

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any)
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)	Exemption from FATCA reporting code (if any)
<b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	(Applies to accounts maintained outside the U.S.)
<input type="checkbox"/> Other (see instructions)	
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)	

<b>Part I</b>	<b>Taxpayer Identification Number (TIN)</b>
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Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-			-				
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or

Employer identification number

				-							
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<b>Part II</b>	<b>Certification</b>
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Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II. later.

**Sign  
Here**

Signature of  
U.S. person ►

Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*