

Applications are available on the Karuk Tribal Education Department webpage at [www.karuk.us/education/](http://www.karuk.us/education/)



## **2010 Karuk Student Book Reimbursement Requirements**

We can only fund up to \$100.00 per student and ONLY FOR THIS SUMMER 2010 AND FALL 2010 SEMESTERS. To be eligible you must meet the following requirements listed below. No applications will be processed after the deadline SEPTEMBER 30, 2010.

- ✓ Must be attending in California
- ✓ Must meet the income requirements (please see below)
- ✓ Must provide proof of income or a statement of no income
- ✓ Must be an enrolled Karuk Tribal member or Descendant
- ✓ Must be enrolled Part-time or Full-time in a Community College, University, or Training program
- ✓ Must have a copy of official receipts from store or package list with the price if purchased online
- ✓ Students must fill out the form completely to be eligible
- ✓ Each reimbursement application is due by April 1<sup>st</sup>, 2010, but remember the 1<sup>st</sup> come, 1<sup>st</sup> serve limited funding may determine the actual deadline. So please complete and send ASAP.



**2010 Check list for the  
Karuk Student Book Reimbursement**

- Karuk Student Book Reimbursement Application
- Income verification/Statement of no income (attach a copy of your most recent pay stub if applicable)
- Copy of current class schedule
- Copy of official receipts from store or packaging list with the price if purchased online

Please send your completed applications to:      Attn: Education Department  
Karuk Tribe  
PO Box 1016  
Happy Camp, CA 96039

<b>2010 CSBG ARRA INCOME REQUIREMENTS</b>		
<b>Size of Family Unit or Number in Household</b>	<b>Monthly Income</b>	<b>Annual Income</b>
1	\$1,805.00	\$21,660
2	\$2,428.33	\$29,140
3	\$3,051.66	\$36,620
4	\$3,675.00	\$44,100
5	\$4,298.33	\$51,580
6	\$4,921.66	\$59,060
7	\$5,545.00	\$66,540
8	\$6,168.33	\$74,020
For family units with more than 8 members, add \$7,480 for each additional member.		



## INCOME VERIFICATION

**OR for statement of no income – check box below**

**Income for one month for all household members 18 and over, not including non-household members such as roommates.**

Employer/Income source _____ Monthly income _____ <input type="checkbox"/> Applicant <input type="checkbox"/> Other household member 18+ Relationship to Applicant _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly  <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-monthly
Employer/Income source _____ Monthly income _____ <input type="checkbox"/> Applicant <input type="checkbox"/> Other household member 18+ Relationship to Applicant _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly  <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-monthly
Employer/Income source _____ Monthly income _____ <input type="checkbox"/> Applicant <input type="checkbox"/> Other household member 18+ Relationship to Applicant _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly  <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-monthly
Employer/Income source _____ Monthly income _____ <input type="checkbox"/> Applicant <input type="checkbox"/> Other household member 18+ Relationship to Applicant _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly  <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-monthly

## STATEMENT OF NO INCOME

I hereby certify that I receive no income other than education related scholarships, grants, and loans.

I hereby certify that all information on the application form is true to the best of my knowledge and is subject to verification. I understand that falsification of this information shall be grounds for termination from this program for the fiscal year and I may be subject to prosecution under the law. I understand that information on this application may be used by the Education Department for statistical records to assist in meeting the educational needs of the tribe. **I further give my permission for the Karuk Tribe's Education Department to verify the above statements with agencies that might provide services or benefits to me.**

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_