



HEIPA DISTRICT YOUTH ASSISTANCE APPLICATION

P.O. Box 223 ~ 10731 BIA 15
Veblen, SD 57270

DATE: _____

Child's Name: _____

Parent's Name: _____

Phone #: _____

Address: _____

City/State/Zip: _____

Please indicate what type of assistance you are requesting:

- _____ A Honor Roll (\$50.00 per semester)
- _____ B Honor Roll (\$25.00 per semester)
- _____ Perfect attendance – 0 days missed (\$100.00 per year)
1 day missed (\$50.00 per year)
- _____ Student of the month (\$50.00)
- _____ School sport shoes (up to \$30.00 per sport – must attach receipt)
- _____ Sport tournament (\$50.00 in state - \$100.00 out of state –
per sport tournament – can be split up)
- _____ Senior Class Trip (\$75.00)
- _____ *Other (must be voted on by youth board)
*assistance requested: _____

***Documentation must be attached or it will be incomplete.**

Parent's Signature: _____