



**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: _____