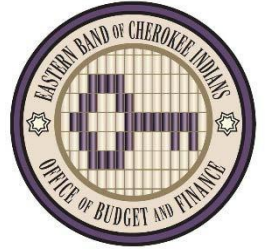




**The Eastern Band of Cherokee Indians**  
**Application for Early Disbursement for Educational or Health Needs**  
 EBCI Minors Trust Fund  
 Return completed and notarized form to:  
 EBCI Finance Office, PO Box 455, Cherokee, NC 28719



**Minors Participant Information**

Name: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_  
First Middle Last

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent/Legal Guardian Printed Name Date

**Early Distribution for Education Needs or Educational Travel**

Education Type:  
 Handicap/Disabled  Tuition \$ \_\_\_\_\_ School/Facility Information:  
 Secondary School  Books/Supplies \$ \_\_\_\_\_ Name: \_\_\_\_\_  
 College, Technical or Professional  Fees \$ \_\_\_\_\_ Address: \_\_\_\_\_  
 Educational Travel  Room & Board \$ \_\_\_\_\_ \_\_\_\_\_  
 See Reverse side for travel  Other Expenses \$ \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Total Amount of Education Request: \$ \_\_\_\_\_**

*You must provide an itemized bill from the school/facility with this application. This application is for unmet needs only. If applying for college expenses, you will have to provide a letter from the Higher Education department for unpaid expenses. Other documentation may be required.*

**Early Distribution for Healthcare Needs**

Orthodontics (braces) *For orthodontics, please submit full treatment plan from orthodontist*  
 Emergency Medical *For all other medical, submit documentation from treating facility.*  
 Other: \_\_\_\_\_ **Total Amount of Healthcare Request: \$ \_\_\_\_\_**

**NOTARY ACKNOWLEDGEMENT**

State of: \_\_\_\_\_ County of: \_\_\_\_\_. On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Before me, \_\_\_\_\_, the undersigned Notary Public for \_\_\_\_\_ County, personally appeared: \_\_\_\_\_

personally known to me; or  proved to me on the basis of satisfactory evidence to be the person whose name is subscribed on the within instrument, and acknowledged to me that he/she executed the same for the purposes therein stated. (SEAL)

\_\_\_\_\_  
 Signature of Notary Printed Name of Notary My Commission Expires

## Additional Application for Educational Travel

This portion of the application should be used for all minors who are requesting an early disbursement for travel, events, or activities. Travel must be for the educational or personal development of the minor. Early disbursement funds may be used only for the participating minor and for the purposes stated in the application. All information must be complete and accurate. You must submit additional information, including copies of all travel cost information, to justify the amount of your request.

- Cost of enrollment or participation for trip, event, or activity a. \$ \_\_\_\_\_
- Airfare & associated costs, baggage fees, etc. b. \$ \_\_\_\_\_
- Trip insurance c. \$ \_\_\_\_\_
- Total Cost of Trip (add together lines a, b &c) d. \$ \_\_\_\_\_
- Total amount contributed by Parent and/or fundraising e. \$ \_\_\_\_\_
- Total amount of Request (subtract line e from line d)** **f. \$ \_\_\_\_\_**

**Finance Use Only:**  
 PerDiem Amount if requested:  
 \$ \_\_\_\_\_  
 Total Request Amount:  
 \$ \_\_\_\_\_  
 Initials: \_\_\_\_\_

- Please check here if you would like to request funds for meals and incidental expenses.  
     Meals & Incidental expenses are calculated using per diem rates provided by US Dept. of State or GSA.
- Please check here if using a touring/travel company. Name of Company: \_\_\_\_\_

**EBCI MINORS & INCOMPETENTS EARLY DISBURSEMENT POLICY GUIDELINES**

- 1. Application Process:** To be eligible for an early disbursement from the Minor’s Fund, the minor’s parent or legal guardian must submit an Early Disbursement Application to the EBCI Finance Office, with supporting documents by the following deadlines: March 31 (for June 15 Check), June 30 (for September 15 check), September 30 (for December 15 check), and December 31 (for March 15 check). All applications are reviewed and discussed by the Investment Committee within 30 days of the quarter end date to be considered for approval. Additional information may be requested, and the applicant will be notified if their application was approved or denied. Supporting documents must be included with applications and may include but not limited to a detailed cost breakdown, itineraries for education trips, doctor’s statement, medical opinion or record, etc.
- 2. Use of Funds:** Approved funds must be used for the purpose requested in the application. If there is a refund or approved funds are not used, the amount must be returned to the Treasury Office to credit the funds back to the individual minor’s account. If funds are used for purpose other than what is stated, the Committee will not consider any further early disbursement requests from the parent or guardian.
- 3. Taxes:** All early disbursements are taxable. The Treasury Office is required to issue a 1099 for any disbursement more than \$600.00. The minor’s parent/legal guardian will be responsible for the payment of all taxes related to the disbursement.
- 4. Education Needs:** (a) Funds may be approved for fees associated with attending a secondary school, college or technical school, or professional school. These schools must be accredited according to the type of institutional purpose they serve, such as technical, vocational, or college preparatory curriculum. (b) Disbursements may also be requested for school sanctioned or sponsored educational events, such as trips or activities that may benefit a student’s academic growth and personal development.
- 5. Healthcare Needs:** (a) The Investment Committee may approve requests for health purposes not to exceed \$7,500.00 from the minor’s individual account. (b) The Investment Committee may approve requests greater than \$7,500.00 in circumstances where other funding is not available. This approval may only be granted by unanimous decision of the Investment Committee. (c) Eligibility Requirements: i. For minors with an urgent, unmet, and life-threatening health care need where other resources, personal or Tribal, are not available. ii. For minors with a severe handicap or who are terminally ill and may not reach the age of 18.

**Deadlines are March 31, paid in June; June 30, paid in September;  
 September 30, paid in December; and December 31, paid in March.**

\*\*Payments are not issued with Per Capita payments and come from Charles Schwab Bank. Minors Trust Fund payments are guaranteed by the 15th of the month.\*\*