



The Eastern Band of Cherokee Indians  
 Application for Early Disbursement for Educational Travel  
 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

**School/Facility Information**

Name: \_\_\_\_\_

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

Travel Coordinator: \_\_\_\_\_

Travel Coordinator Contact Information: \_\_\_\_\_

**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 this 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: \_\_\_\_\_

**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

**\*\*ALL PAYMENTS ARE MADE IN JANUARY THE YEAR OF THE TRIP\*\***  
**OR 3 weeks after a completed application is received when application is received in same year of trip.**