



TONKAWA TRIBE OF OKLAHOMA

1 RUSH BUFFALO ROAD - PHONE (580) 628-2561
TONKAWA, OKLAHOMA 74653

MINOR CHILDREN REVENUE DISTRIBUTION APPLICATION FOR WITHDRAWAL OF 50% FUNDS

Parent or Legal Guardian (Full Legal Name): _____

Last 4 of Social Security #: _____ Telephone #: _____

• Any dispute with Legal Parent or Guardianship must be verified by Court Order and submitted with application. •

Minor Child:

Full Legal Name	Age	Date of Birth	Last 4 of Social Security #
MAR <input type="checkbox"/>	JUNE <input type="checkbox"/>	SEPT <input type="checkbox"/>	DEC <input type="checkbox"/>
Amount Requested			

USE BLACK OR BLUE INK ONLY

• Only 50% of funds may be requested •

• ATTENTION! •

According to the Gaming Revenue Act adopted by the Tonkawa Tribal Committee Resolution No. T-R-12-08 all children's funds Must be spent on health, safety, education and welfare needs of each child. Receipts are required by law for accountability and MUST be provided to this office within 30 days of receipt of funds. Parents /Guardians are ONLY allowed to withdraw 2 per caps – the coming per cap and one previous. Failure to comply will cause DENIAL of any future withdrawals.

I, the undersigned parent or legal guardian of the above named children understand fully the terms of this application and accept all responsibility for failure to comply.

Parent/Legal Guardian Signature: _____

Date: _____

OFFICE USE ONLY

Amount Process- \$ _____

Date Receipts Received- _____

Amount of Receipts- \$ _____