



Nisqually Indian Tribe

## Nisqually Youth Wellness Children's Activities Program 2025

### Purpose

The intent of the Children's Activities Program (CAP) is to aid tribal member students with monetary assistance for:

1. **Sports Team Participation and Equipment:** Must provide registration and required equipment list. Reimbursement must be within 15 days of purchase.
2. **Youth Sports Tournaments:** Coverage is for Tribal Members on the team only. Must provide a flyer stating point of contact, entry fee, and date(s) of tournament. Requests must be submitted 2 weeks prior to the event. Checks will be made for the amount (per tribal member on the team) to the tournament coordinator.
3. **Extracurricular Activities:** Music Lessons, Band/Orchestra Instrument Rental, Swimming, Dance, Gymnastics, Martial Arts, etc.
4. **Native American Arts and Crafts Instruction:** Supplies will be considered if supplies are not included in registration. Must provide registration showing date(s), time(s), location, cost per activity and point of contact. Funds are for workshop participants not teaching. Travel is not covered by funds.
5. **Driver's Education Reimbursement:** The cost of the course will be reimbursed to the parent/guardian when the program coordinator receives a copy of the child's certification of completion.

All classes and extracurricular activities the parent/guardian must provide CAP with the child's class/activity name, schedule, location, point of contact, and cost per session.

CAP will cover up to \$1,000.00 per year, per tribal member. Costs over \$1,000.00 will be the participants responsibility.

CAP will no longer accept incomplete applications nor will payments be processed.

CAP eligible youth are students K-12 attending a credited school of learning. The program coordinator will call and verify.

Please Note: Enrollment verification will be required. Please submit a copy of your Tribal ID card with a completed application.

Program funds are limited and not guaranteed.

Questions email: [youthservices@nisqually-nsn.gov](mailto:youthservices@nisqually-nsn.gov)



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## Nisqually Youth Wellness Children's Activities Program 2025

### Children's Activities Program Registration

#### Child Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School Enrolled: \_\_\_\_\_ Phone (School): \_\_\_\_\_

Please Check one of the following:

Nisqually Tribal Member Youth  
Tribal ID # \_\_\_\_\_

Child of Nisqually Tribal Member (Descendant)  
Tribal ID # \_\_\_\_\_

Enrolled in Federally Recognized Tribe  
Name of Tribe and ID # \_\_\_\_\_

Other: \_\_\_\_\_

#### Parent/Guardian Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Name of Organization/Contact Person

Name of Organization: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

