



# Hoplend Band of Pomo Indians

3000 Shanel Rd., Hopland, California 95449 Phone (707) 472-2100 Fax (707) 744-1506

## TRIBAL YOUTH FUND REQUEST FOR PAYMENT

### SECTION 4.502 (b):

Every minor Tribal Member of the Hopland Band of Pomo Indians who originally had a Hopland Band of Pomo Indians trust account is eligible to receive payment of Twenty Thousand Dollars (\$20,000.00) when he or she (i) reaches the age of eighteen (18) years and provides proof that he or she has received a high school diploma or GED **or** (ii) reaches the age of twenty-four (24) years. The twenty thousand dollars (\$20,000.00) shall be paid out in three (3) incremental payments as follows **or** one (1) lump sum at the age of twenty-four (24) years:

- First payment shall be in the amount of \$10,000 at the age of 18 with proof of high school diploma or GED.
- Second payment shall be in the amount of \$5,000 at the age of 21 **or** upon proof of receiving an Associate's Degree from a Nationally Accredited College.
- Third payment shall be in the amount of \$5,000 at the age of 24 **or** upon proof of receiving a Bachelor's Degree from a Nationally Accredited College.

### Purpose:

The purpose of the Tribal Youth Fund is to provide Tribal Youth with financial assistance as they transition into adulthood.

### Eligibility:

A Tribal Youth must comply with the following eligibility criteria:

1. Verification of Tribal Membership
2. Proof of Age
3. Social Security Card
4. Proof of High School Diploma or GED (1<sup>st</sup> payment); proof of age 21 or Associates Degree (2<sup>nd</sup> payment); proof of age 24 or Bachelor's Degree (3<sup>rd</sup> payment)

Tribal Member Name: \_\_\_\_\_ Hopland Tribal ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mail Check or Pick up? \_\_\_\_\_

\_\_\_\_\_ I have received financial responsibility information.  
Initial

\_\_\_\_\_ Federal Taxes will be withheld at the rate of 10%.  
Initial

*I, the undersigned, have read and understand the policy.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### FOR OFFICE USE ONLY

Date Received:	Eligibility Verified:	Date Approved:	Payment Processed Date:
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