



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. Trip b. \$ _____
- 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. \$ _____

<p>Finance Use Only: PerDiem Amount if requested: \$ _____ Total Request Amount: \$ _____ Initials: _____</p>

- 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: _____

All distributions will be issued as General Welfare (GenWell) payments by default unless elected to opt out.

GENWELL OPT-OUT

I elect to **opt out** of the GenWell Program for this distribution.
I understand that this distribution will be treated as a **taxable payment** and will include a 25% federal tax withholding

*All Minors Trust Fund distributions are issued as General Welfare (GenWell) payments unless you opt out on the application. GenWell payments are intended to be non-taxable to the extent allowed by law. If you opt out of GenWell your payment will be subject to a 25% federal tax, state taxes are not withheld. If you opt out of GenWell you will receive a 1099 – Misc to file the taxes paid on your distribution.

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.