



Central Council of the Tlingit and Haida Indian Tribes of Alaska  
 477 Division • Temporary Assistance for Needy Families  
 PO Box 25500 • Juneau Alaska 99802  
 Toll Free: 1.800.344.1432 ext. 7158 • 907.463.7158 • 477B2S@ccthita-nsn.gov

## BACK TO SCHOOL BACKPACK APPLICATION

**APPLICATION DEADLINE: JULY 8, 2022**

The Central Council of the Tlingit & Haida Indian Tribes of Alaska (Tlingit & Haida), in partnership with Southeast Alaska village tribes, will be distributing backpacks to eligible Alaska Native/American Indian students (Head Start - 12th Grade) who reside within Tlingit & Haida's service area.

### How to Submit the Application:

**Mail**  
 TANF Department  
 PO Box 25500  
 Juneau, AK 99802

**Email**  
 477B2S@ccthita-nsn.gov  
 OR  
**Fax:** 907.885.0038

- Drop Off Locations**
- Local Village Tribe's Office
  - Andrew Hope Building or TANF Office in Juneau

Parent/Legal Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

**Please select the community you reside in that is within Tlingit & Haida's service area:**

- |                                |   |   |
|--------------------------------|---|---|
| <input type="radio"/> Angoon   | <input type="radio"/> Kake                          | <input type="radio"/> Saxman                    |
| <input type="radio"/> Craig    | <input type="radio"/> Kasaan                        | <input type="radio"/> Sitka (TANF Clients Only) |
| <input type="radio"/> Gustavus | <input type="radio"/> Ketchikan (TANF Clients Only) | <input type="radio"/> Skagway                   |
| <input type="radio"/> Haines   | <input type="radio"/> Klawock                       | <input type="radio"/> Tenakee                   |
| <input type="radio"/> Hoonah   | <input type="radio"/> Klukwan                       | <input type="radio"/> Thorne Bay                |
| <input type="radio"/> Hydaburg | <input type="radio"/> Pelican                       | <input type="radio"/> Wrangell                  |
| <input type="radio"/> Juneau   | <input type="radio"/> Petersburg                    | <input type="radio"/> Yakutat                   |

Yes **Do you receive Temporary Assistance for Needy Families, Emergency Assistance or**  
 No **General Assistance?** (Note: This information is gathered for internal statistical purposes only.)

Yes **Do you receive Supplemental Nutrition Assistance Program (aka Food Stamps)?**  
 No (Note: This information is gathered for internal statistical purposes only.)

**By signing this form, I certify that I am the parent or legal guardian of the student(s) listed on the application, my child(ren) are enrolled and will be attending school for the 2022-2023 school year, and we are enrolled with a federally-recognized tribe.**

\_\_\_\_\_  
 Parent/Legal Guardian Signature

\_\_\_\_\_  
 Date

# STUDENT INFORMATION

1. Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Boy  Girl School: \_\_\_\_\_ Grade: \_\_\_\_\_

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2. Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Boy  Girl School: \_\_\_\_\_ Grade: \_\_\_\_\_

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3. Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Boy  Girl School: \_\_\_\_\_ Grade: \_\_\_\_\_

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4. Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Boy  Girl School: \_\_\_\_\_ Grade: \_\_\_\_\_

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5. Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Boy  Girl School: \_\_\_\_\_ Grade: \_\_\_\_\_

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6. Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Boy  Girl School: \_\_\_\_\_ Grade: \_\_\_\_\_

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7. Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Boy  Girl School: \_\_\_\_\_ Grade: \_\_\_\_\_

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