

Official Use Only	School:	District:	Past Applicant:	New Applicant:	Data Entered:
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## Phoenix Indian Center Navajo School Clothing Request Form School Year 2019-2020

**Eligibility Criteria:** A **NAVAJO** student is eligible to receive a clothing package if he/she meets the following:

1. Have a current **NAVAJO** Certificate of Indian Blood (CIB); and
2. Be between the ages of **3** and **13** years at the time NSCP receives the orders from the school; and
3. Be **enrolled** in an approved and participating educational institution.

**Document checklist:**

1. PIC Clothing request form
2. Child's Certificate of Indian Blood (Parent must indicate their enrollment # on form.)

*Please fill out the form and bring all necessary documents. Please note services are first come, first served. Thank you.*

**PARENT INFORMATION:**

**Mother** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Census Number: \_\_\_\_\_  Non-Navajo

Tribal Affiliation: \_\_\_\_\_ Chapter/District/Area: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, AZ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widowed  Living with Partner

Employment Status:  Full Time  Part Time  Student  Retired  
 Homemaker  Disabled  Unemployed  Veteran

**Father** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Census Number: \_\_\_\_\_  Non-Navajo

Tribal Affiliation: \_\_\_\_\_ Chapter/District/Area: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, AZ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widowed  Living with Partner

Employment Status:  Full Time  Part Time  Student  Retired  
 Homemaker  Disabled  Unemployed  Veteran

**Child 1:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Boy  Girl

**Child 2:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Boy  Girl

**Child 3:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Boy  Girl

**Child 4:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Boy  Girl

**Family Setting:**  One Parent Family  Two Parent Family  Foster Parent  Other/Spouse

**Total Family Size:** \_\_\_\_\_ **How long have you lived in the Phoenix area?** \_\_\_\_\_

**Does your family receive public assistance:** (GA, Food stamps, SSI etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please provide contact information for another family member not living with your or a friend.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Application DEADLINE: July 29, 2019**



If the clothing size/item is not available, the NSCP may substitute with the next size/item available. Otherwise, the item will not be issued. KEEP IN MIND THAT THE CLOTHING WILL NOT BE RECEIVED FOR 3-5 MONTHS

**GIRL**

**\*\*PRIORITY SYSTEM\*\***

Pre-School – 4<sup>th</sup> Grades: Eligible to receive ALL three (3) clothing items listed.  
 5<sup>th</sup> grade – 8<sup>th</sup> Grades: Eligible to receive two (2) of the three clothing items listed.

First Name:			M.I.	Last Name:				MM/DD/YY Birth Date:
Age:	Grade:	CENSUS #				,		Community/Chapter:

School District:	School Name:		
School Address:	City:	State:	Zip Code:
School Phone #:			

Measurements (REQUIRED):	Height=	Feet	Inches	Weight=	lbs.
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**CHECK ONLY ONE (1) BOX PER CLOTHING ITEM! (No School Uniforms!)**

Jacket	Child				Youth				Adult					
	4	5	6	6X	7	8/10	12/14	16	S	M	L	XL	2X	3X

Pair of Jeans	Child				Youth												1/2= Plus Sizes
	4	5	6	6X	7	7½	8	8½	10	10½	12	12½	14	14½	16	16½	

Adult													
3	5	7	9	11	13	14	16	18	20	22			

Pair Of Shoes	Child											
	8	8½	9	9½	10	10½	11	11½	12	12½	13	13½

Youth								
1	1½	2	2½	3	3½	4	4½	5

Adult													
5½	6	6½	7	7½	8	8½	9	9½	10	10½	11	11½	12