

*Wichita and Affiliated Tribes
Tribal Social Service Fund Program
P.O. Box 729
Anadarko, OK 73005
Phone: (405) 247-2425 ext. 120
Fax: (405) 247-3256*

Community Service Block Grant

*Sheena Ngu, Director
Ext. 123
sheena.ngu@wichitatribe.com*



*Cassie Williams, Intake Clerk
Ext. 166
cassie.williams@wichitatribe.com*

Camp & Clinic Assistance

Full Name of Child: _____ Male / Female

Tribe: _____

CDIB#: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Telephone#: _____

Parent/Guardian: _____

School: _____

Camp or Clinic: _____

Camp Contact Info: _____

Camp Date(s): _____

Type (Circle one): Day Camp Overnight Boarding Camp

Camp & Clinic Fees and Information:

Make Check Payable to: _____

Vendor Name & Address: _____

Amount Requested: _____

**** W9 is required from the vendor or a check will not be process for payment. NO EXCEPTIONS****