



2026 Youth Development Fund

Education Department
2 Ice Circle Drive
Sault Ste. Marie, MI 49783
youthdevelopmentfund@saulttribe.net
906-632-6797

Applicant Qualifications:

- Must be an enrolled Sault Tribe youth ages 0-12th grade living within the seven-county service area (Alger, Chippewa, Delta, Luce, Mackinac, Marquette and Schoolcraft counties).
- Each eligible youth may receive up to \$250.00 per calendar year (Jan 1 - Dec 31, 2026).

All applications must include the following information:

1. **Completed Application**
 - A new application must be submitted for **each** separate request throughout the year.
 - All sections of the application and required documentation must be attached or your application will be deemed ineligible.
 - Applicant will have **two weeks** from time of contact to submit missing information. If not submitted, applicant will need to complete a new application.
2. Copy of **Updated** Youth Tribal Card
3. **Proof of Household Income** – Required for all adults over 18 living in the home (Recent check stub, tax forms, W-2, etc.).
 - **If an adult over 18 years old has no income, this must be noted on the “Declaration of no income” line on the first page of the application.**
 - Income guidelines are based on 300% of the 2025 HHS Poverty Guidelines (See Section I of application for more details).
4. **Proof of Payment** – Invoice/receipt **must** include organization's name and youth's name.
 - **If payment was made in advance to organization** and applicant is seeking reimbursement, receipt with total amount paid must be attached.
 - **If applicant would like payment to go directly to the organization**, invoice with the total amount due must be attached.
 - **If seeking reimbursement for items purchased at a retail store**, receipts must be itemized, indicating what items were purchased for each child. Retail purchases will only be processed as a reimbursement.
 - Funding will only be approved for the amount provided on the receipt/invoice (if under \$250).
5. **Form W-9** - must be filled out by the company to be paid or to the person being paid.
6. **Submit ALL documentation to:** youthdevelopmentfund@saulttribe.net.

Categories:

Qualifying categories for funding are based on Tribal Strategic Directions of medicine wheel: academic/intellectual, physical, emotional and cultural/spiritual.

<ul style="list-style-type: none">• Sport registration fees• Sports equipment• Music, dance and/or theatre lessons• Instrument purchase and rental• Language lessons• Regalia and youth drum	<ul style="list-style-type: none">• Testing fees• Driver's education• Senior pictures• School supplies and book deposits• Camps (sports, band, art, academic, etc.)• Educational, cultural, and class trip
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IMPORTANT – PLEASE READ

- **2026 applications must be received by 12/31/26 to meet year-end processing deadlines.**
- **All correspondence is done via email. After submitting your application, make sure to check your email for updates.**
- **If application is submitted by a third party on behalf of the applicant, all future correspondence regarding application status, missing documents, etc. will go directly to the applicant unless permission is granted by the applicant to Sault Tribe Education to work with third party.**

SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS
2026 YOUTH DEVELOPMENT FUND APPLICATION

Section I – Applicant Information (one application per child)

Youth Name _____ Date of Birth _____ Grade _____

Parent(s)/Guardian(s) _____ Foster Child* (Y/N) _____

*Proof of income not necessary for foster child(ren)

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email Address _____

List ALL members of the household	Age	Income provided for 18+ Y/N (Required) If no income, see below.	300% 48 Contiguous State & D.C. Poverty Guidelines
1			\$46,950
2			\$63,450
3			\$79,950
4			\$96,450
5			\$112,950
6			\$129,450
7			\$145,950
8			\$162,450
For each additional person, add			\$5,740

Declaration of no income: Name of adult: _____

Declaration of no income: Name of adult: _____

Section II – Request Information

Purpose of Request: _____

Amount of Funds Requested (Max \$250.00 per calendar year per youth): _____

Check Payable to: _____

- **Written approval from applicant is required if paying a family member living outside of the household.**
- Checks will be made payable to the organization unless proof of payment is received.
- **A W-9 must be filled out for the above listed name/company.**

All information obtained in this application will be treated as privileged and confidential. I certify that all the information given is true and correct and that all income is reported. I understand that this information is being given for the receipt of funds; and I authorize Sault Tribe program officials to verify the information on this application; and that deliberate misrepresentation of the information may subject suspension from the program and/or require return of funds.

Signature of Parent or Guardian

Date

Request for Taxpayer
Identification Number and CertificationGo to www.irs.gov/FormW9 for instructions and the latest information.Give form to the
requester. Do not
send to the IRS.Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.Print or type.
See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)						
2 Business name/disregarded entity name, if different from above.						
<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____</p>						
<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____</p>						
5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)					
6 City, state, and ZIP code						
7 List account number(s) here (optional)						

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
or								
Employer identification number								
<input type="text"/>	<input type="text"/>	-	<input type="text"/>					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they