

Sault Ste. Marie Tribe of Chippewa Indians
Youth Education and Activities
Special Needs Scholarship (Ages 4–17)
2026 – 2027 Application



Youth Education and Activities
2 Ice Circle Drive
Sault Ste. Marie, MI
49783
(906) 635-4944
YEA@saulttribe.net

Deadline: November 27, 2026 by 11:59 pm

Eligibility Requirements

Student must be:

- ☐ **Ages 4–17 years old**
- ☐ **Attending school (in U.S.)**
- ☐ **Enrolled Sault Tribe member**
- ☐ **Have a documented special need as confirmed by a licensed professional on the attached Verification of Special Needs Form.**

Required Documents for Submission

- All of these documents must be submitted for application to be considered complete.
- The Verification of Disability form must be completed by licensed provider and then sent back to parent / legal guardian.
- The parent / legal guardian must submit this form **directly** to YEA as part of their application packet.

- ☐ **Completed application** – All sections must be completed.
*Only one submission allowed per student.
- ☐ **Copy of student's current Tribal ID** – Must not be expired.
- ☐ **Proof of enrollment in school** (must include student and school's name)
- ☐ **Verification of disability -**
 - ☐ Special Needs Verification Form completed by licensed professional (provided in our application packet) **OR**
 - ☐ IEP or 504 Plan
*Do not send any other types of verification.
- ☐ **Completed W-9 Form** – Make sure W-9 includes parent/guardian's current address, social security number, signature and date.

Email completed application and **ALL** required documents to **YEA@saulttribe.net** by
11/27/2026 at 11:59 pm.

Zip files and HEIC files are not accepted.

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Parent / Legal Guardian Information				
First Name		Last Name		Middle Initial
Street Address				
City			State	Zip Code
Cell Phone	Home Phone		Email Address	
Date of Birth			Tribal File # (Red # on Tribal Card) – If applicable	
Student Information				
First Name		Last Name		Middle Initial
Street Address				
City			State	Zip Code
School of Attendance				Grade
Date of Birth			Tribal File # (Red # on Tribal Card) Required	

If you are awarded a scholarship, you will be required to sign a Scholarship Agreement prior to the funds being issued. The Education Division will send this agreement to you by email at a later date. The agreement includes the following expectations:

The scholarship funds are intended to help families provide or obtain services, supports, or equipment that benefit their child with special needs. All funds must be used in ways that directly support the child's growth, development, or daily functioning, and help meet the unique needs of the family. I hereby certify the above information is true and complete to the best of my knowledge.

Signature

Date

Email completed application and **ALL** required documents to **YEA@saulttribe.net** by
11/27/2026 at 11:59 pm.

Zip files and HEIC files are not accepted.

Sault Ste. Marie Tribe of Chippewa Indians

2026 – 2027 Special Needs Scholarship 4-17 Years



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Verification of Special Needs Form

- This form is two pages.
- Complete the patient information section and then have child's doctor or licensed physician complete the remainder of the form.
- Include this form **with** your application submission to YEA, not separately.
- This form will not be accepted directly from the physician.

PATIENT INFORMATION

Name: _____

Date of Birth: _____

Address: _____

Parent/Guardian Name (if applicable): _____

Phone Number: _____

Address (if different than student): _____

TO BE COMPLETED BY LICENSED PROVIDER

Does the Above Patient Have a Documented Special Need?

Please check the appropriate box:

☐ **Yes**, this individual has a documented special need/disability.

☐ **No**, this individual does not have a documented special need/disability.

PROVIDER CERTIFICATION

I certify that I am a licensed healthcare provider or qualified professional authorized to verify the above information. To the best of my knowledge, the information provided on this form is accurate and based on documentation contained within the patient's records.

PROVIDER INFORMATION

Provider Name (Print): _____

Organization/Facility: _____

Address: _____

Phone Number: _____

Provider Signature: _____

Date: _____

Once received by YEA, this form will be kept confidential and used solely for scholarship eligibility determination.

**Request for Taxpayer
Identification Number and Certification**
Go 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.	
	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. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ 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. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	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 ☐	
	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										
				-				-		
or										
Employer identification number										
				-						

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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

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