

SENECA - CAYUGA NATION

Phone: 918-791-6025
Fax: 918-786-9245

Benefits Department
PO Box 453220
Grove, OK 74345

Email:
benefits@sctribe.com

TRIBAL ELDER APPLICATION

Submit to the above Address - "Attention: Benefits"

APPLICATIONS MUST BE COMPLETE OTHERWISE THEY WILL NOT BE PROCESSED

**QUALIFIED NATION ELDERS MUST BE 55 YEARS OF AGE OR OLDER
AND MUST HAVE BEEN A MEMBER OF THE SENECA-CAYUGA NATION FOR NO LESS
THAN (20) YEARS PRIOR TO RECEIVING ANY OF THE NATION ELDER FUNDS**

The Tribal Elders must provide all the listed information to the Seneca-Cayuga Nations Benefit Dept.

The Tribal Elder will be allowed \$2,500.00 each fiscal year in \$500 increments per month.

Today's Date	Applicant's Date of Birth	Current Age of Applicant
Name	Roll #	
Address	City/State	Zip Code
Phone Number	Cell Number	Work Number
Email Address		

I SWEAR AND AFFIRM THAT ALL THE INFORMATION LISTED ON THIS DOCUMENT IS TRUE AND CORRECT

Signature of Applicant or Guardian _____ Date _____

**BELOW IS A LIST OF OF DOCUMENTATION NEEDED FOR COMPLETION OF THIS CLAIM
AND MUST BE SUBMITTED WITH THIS APPLICATIONS**

- ____ Copy of the Tribal Membership Card
- ____ Statement of Need
- ____ Copy of all Receipts, Estimates or a Quote for which the Tribal Member is Requesting Funds

Statement of Need:

