



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.

Tribal Elders will be allowed up to \$2,500.00 each fiscal year, disbursed in increments of \$500 per month, upon receipt of completed applications (up to 5 monthly disbursements), depending on funding availability.

Check this box if you have been an enrolled tribal member for at least 20 years.

If you have a new address, check this box to update your address with ALL departments of the Nation.

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. Any tribal member found to be defrauding the Seneca Cayuga Nation Benefit Program will be suspended indefinitely. Disrespectful behavior to Seneca Cayuga Employees shall also be cause for suspension.

Signature of Applicant or Guardian _____ Date _____

The Tribal Elders must provide all the listed information to the Seneca-Cayuga Nations Benefit Department
**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, Official Estimates or Quotes, Bills **(in Tribal Member's name)** for which the Tribal Member is requesting funds.

Statement of Need:

