



BISHOP TRIBAL COUNCIL

REQUEST FOR DISTRIBUTION FROM MINOR'S TRUST ACCOUNT

Please fill this form out completely and return to the Enrollment Department at the Tribal Administration Office. The check will be mailed to the mailing address listed below. Please double check to ensure it is correct.

PERSONAL INFORMATION

Last Name: _____ First Name _____ MI: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If Different): _____

City: _____ State: _____ Zip Code: _____

Verify Last Four Digits of Social Security Number: XXX-XX-_____

CONTACT INFORMATION

Home Phone: _____ Cell Phone: _____

E-mail: _____

ELIGIBILITY

- 18 Years old with GED (Provide color copy)
- 18 Years old with High School Diploma (Provide color copy)
- 21 Years of Age

DOCUMENTS REQUIRED

- Proof of Graduation (See Above)
- Photo Identification
- Copy of Social Security Card

SIGNATURE: _____ DATE: _____

SUBMIT ORIGINAL DOCUMENTS; IF FAXING, MAIL IN HARDCOPIES.

1. MAIL:

**Bishop Paiute Tribe
Attn: Enrollment Department
50 Tu Su Lane, Bishop, CA 93514**

2. FAX:

**Bishop Paiute Tribe
Attn: Enrollment Department
(760) 873-4143**

QUESTIONS: Enrollment Department (760) 873-3584 ext. 258