

Lake Traverse District
Youth ARPA Assistance

I, _____ am the parent/guardian
of

Childs Name

And have received gift card

Parent/Guardian Signature

Date

By accepting this Walmart gift card for my child, I agree to submit receipts for the full amount of \$300.00 to the Lake Traverse District.

If I fail to submit receipts by the deadline date (December 31, 2024) I understand that I will be responsible to repay the full amount of \$300.00 to the Lake Traverse District.

If I do not repay this amount or submit receipts by the deadline, I understand that any and all assistance from the district will be garnished until the full amount is satisfied.

Parent/Guardian Signature

Date