



Tsaile/Wheatfields Chapter  
 Post Office Box C18  
 Tsaile, Arizona 86556  
 Phone: (928) 724-2220 Fax: (928) 724-2223

Tséehilí

TóDzis'á

Tsézhine

## FINANCIAL ASSISTANCE FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

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➤ **PLEASE PROVIDE SUPPORTING DOCUMENTS TO ALL REQUESTS**

**FUNERAL EXPENSE**

Decease's Name: \_\_\_\_\_ Census #: \_\_\_\_\_  
 Funeral Service Date: \_\_\_\_\_ Funeral Home: \_\_\_\_\_  
 Place of Burial: \_\_\_\_\_ Date of Death: \_\_\_\_\_

**CLASS/SCHOOL TRIPS EXPENSE**

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Number of Students: \_\_\_\_\_ Date of Trip: \_\_\_\_\_  
 Where: \_\_\_\_\_

**TRAINING/CONFERENCE/WORKSHOP EXPENSE**

Title of Event: \_\_\_\_\_ Date: \_\_\_\_\_  
 Where: \_\_\_\_\_

**MONETARY DONATION EXPENSE**

Purpose and Need for Request: \_\_\_\_\_  
 \_\_\_\_\_

**VETERANS ASSISTANCE**

Purpose and Need for Request: \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_

**I hereby certify that the above information is true and given to be used for the consideration of Financial Assistance Request.**

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

**OFFICE USE ONLY**

Approved  Disapproved Reason for Disapproval: \_\_\_\_\_

\_\_\_\_\_  
*Chapter Administration/Title*

\_\_\_\_\_  
*Date*

Amount: \$ \_\_\_\_\_ Fund/Account Code: \_\_\_\_\_ Check No.: \_\_\_\_\_