



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

Tsééhilí

TóDzis'á

Tsézhine

## FINANCIAL ASSISTANCE FORM

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

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

ADDRESS: \_\_\_\_\_

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

Registered Voter:  Yes  No If not, What Chapter? \_\_\_\_\_

BURIAL  
 Name of Decease: \_\_\_\_\_ Census #: \_\_\_\_\_  
 Mortuary: \_\_\_\_\_  
 Address: \_\_\_\_\_

CLASS/SCHOOL TRIPS  
 Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Number of Students: \_\_\_\_\_ Date of Trip: \_\_\_\_\_  
 Where: \_\_\_\_\_

TRAINING/CONFERENCE/WORKSHOP  
 Title of Event: \_\_\_\_\_ Date: \_\_\_\_\_  
 Where: \_\_\_\_\_

MONETARY DONATION  
 Purpose of Requesting Monetary Donation: \_\_\_\_\_  
 \_\_\_\_\_

VETERANS ASSISTANCE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
*Signature of Chapter Administration*

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