



Tsailę/Whęatfięlds Chapter
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Tséehilí

TóDzis'á

Tsézhine

FINANCIAL ASSISTANCE FORM

NAME: _____ DATE: _____

ADDRESS: _____ TELEPHONE #: _____

➤ PLEASE PROVIDE SUPPORTING DOCUMENTS TO ALL REQUESTS

FUNERAL EXPENSE

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

TRAVEL: CLASS/SCHOOL TRIPS EXPENSE

Name of School: _____ Grade: _____
 Number of Students: _____ Date of Trip: _____
 Where: _____

TRAVEL: 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.: _____