



TWIN BUTTES - SOUTH SEGMENT FINANCIAL ASSISTANCE APPLICATION

Applicant Information

(An incomplete application will not be processed.)

Name:		DOB:		Enrollment#: 301U-		
Reside on the Reservation?	Yes	No	(circle one)		Segment:	
Current Mailing Address:				Phone#		
<p>TRIBAL BUSINESS GENERAL WELFARE POLICY WILL BE STRICTLY ADHERED TO – APPROVED BY THE MANDAN, HIDATSA, & ARIKARA NATION ON 11/16/2012.</p> <p>THE MAXIMUM AMOUNT ALLOWED PER INDIVIDUAL: FIVE HUNDRED DOLLARS (\$500) PER FISCAL YEAR.</p> <p>Donation & Grant Mission Statement: The intent of the Donations & Grants Assistance is to assist Mandan, Hidatsa & Arikara Nation Members with emergency expenses in one of the following five (5) categories:</p>						
TYPE: (circle one)		Medical	FUNERAL	EDUCATIONAL	FINANCIAL SPONSORSHIP	FINANCIAL HARDSHIP
*Documentation is required:						
() Bill / Invoice () Quote / Estimate () Medical slip () Poster, Flyer, or Itinerary () College financial docs						
Have you been helped previously from our office?		Yes	or	No	If yes, When: Amount:	
Have you received assistance from any other Segment, Department, or other resources? () NO () YES						
If yes, from what Segment, Dept., or Resource?				Date:	Amount:	
Reason for request, please specify:						
APPLICANT'S SIGNATURE:				Amount Requesting:		
				DATE:		
FOR SOUTH SEGMENT OFFICE USE:						
Received by:				DATE:		
() APPROVED () DENIED () One-time Assistance () Refer to another office:						
APPROVAL SIGNATURE:				DATE:		
(Signature Authority) Signature:				For Councilman Cory Spotted Bear		