



Four Bears Segment
 Office of Councilman Robert White
 404 Frontage Road, New Town ND 58763
 Office (701) 627-8109 | FAX (701) 627-4884

Financial Assistance Application

Applicant Information

Full Name _____			Today's Date _____	
(First)	(Middle)	(Last)		
Telephone _____		DOB (MM/DD/YYYY) _____		
TAT Enrolled Yes / No (Circle one)				
Do you reside on the reservation? Yes / No (Circle one)			Segment: _____	
Street Address _____				
City _____		State _____		Zip Code _____

Type of Assistance

DOCUMENTATION IS REQUIRED

- ☐ Medical
- ☐ Funeral
- ☐ Educational
- ☐ Financial Hardship
- ☐ Sponsorship

Types of Documentation accepted: Bill/Invoice, Quote/Estimate, Appointment Confirmation, Poster/Flyer/Itinerary, etc.

Have you requested assistance from any other segment, department, or other resources? Yes / No
 If yes, list segment, department, or other resources, date, and amount received: (Circle one)

Provide a brief statement for the reason for your request:

For Office-use Only

Received by: _____		Date: _____	
Approved: <input type="checkbox"/>	Approved Amount: _____		
Declined: <input type="checkbox"/>	Reason: 1. Incomplete 2. No Documentation 3. Limit Exceeded 4. Invalid Request 5. Does not reside within Four Bears Segment 6. Other 7. Referred to another office: _____		
Robert White, Four Bears Segment Representative		Date _____	