

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

	1 11			tppneation			
Applicant Inforn	nation						
Full Name				Today's Date			
	(First)	(Middle)	(Last)	<u>.</u>			
Telephone			DOB (N	лм/DD/YYYY)			
TAT Enrollment	#: 301U						
Do you reside or	the reservation	Yes /	No (Circle one)	Seg	ment:		
Street Address		•	,		_		
City			State	State Zip Code			
					-		
Type of Assistan	ce			DOCUMENT	ATION IS REQ	UIRED	
	Medical		Тур	es of Documentat	ion accepted:	Bill/Invoice,	
Funeral			Que	Quote/Estimate, Appointment Confirmation,			
	Educational		Pos	Poster/Flyer/Itinerary, etc.			
	☐ Financial Hards	hip					
	Sponsorship						
Provide a brief s	tatement for the	reason for yo	our request:				
For Office-use O	nly						
Received by:			Date:				
Approved:]	Approved Am	nount:				
Declined:	5. Does not res	ide within Fo	o Documentation ur Bears Segment e:	6. Other	d 4. Invalid Re	equest	
	Robert White, I	our Bears Se	gment Representa	ative	ī	Date	