Four Bears Segment
Office of Councilman Robert White
2010 Chief Four Bears Ave, New Town ND 58763
Office (701) 627-8300 | FAX (701) 627-4884

Financial Assistance Application

Applicant Information

Full Name: _____ Today's Date: _____
(First) (Middle) (Last)

Telephone: _____ DOB (MM/DD/YYYY) _____

TAT Enrollment #: 301U - _____

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
- ☐ Financial Hardship
- ☐ Educational
- ☐ Sponsorship
- ☐ Other: _____

Types of documentaion accepted:
Bill/Invoice,Quote/Estimate
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 SEGMENT OFFICE USE ONLY

Received by: _____ Date:_____

Approved: ☐ Approved Amount: _____

Declined: ☐ Reason: 1. Limit Exceeded 2. Does not reside within Four Bears Segment
3. Other: 4. Referred to another office:

Notes:

_____ _____
Robert White, Four Bears Segment Representative Date

Revised 03.2025