White Shield East Segment Financial Assistance Applicant Information

Name:		**Phone :**		**Enroll#**	
ADDRESS:			**Segment:**		
			DATE:		
MEDICAL: (appt slip/letter required)			**Financial**	**53080**	
Sponsorship	**53090**		**Funeral**	**53060**	
Education	**53070**		**Utilities**	**5304**	

Written Request for reason of Emergency/Hardship

Signature:_____

FUEL ASSISTANCE: 627-8160		477 PROGRAM: 627-4752	
Contact		**Contact**	

EAST SEGMENT OFFICE USE:

- ○ **Approved**
- ○ **Denied Reason:**
- ○ **Referred To Chairman**

Notes:

Councilman Fred Fox:

Amount:

TRIBAL BUSINESS GENERAL WELFARE POLICY WILL BE STRICTLY ADHERED TO -- APPROVED BY THE MANDAN, HIDATSA & ARIKARA NATION ON 11/16/2012.

THE MAXIMUM AMOUNT ALLOWED PER INDIVIDUAL: FIVE HUNDRED DOLLARS ($500) PER FISCAL YEAR.