White Shield East Segment Financial Assistance Applicant Information

Name:	Phone:	Enroll#
ADDRESS:		Segment:
MEDICAL: (appt slip/letter required)		Financial
Sponsorship		Funeral
Education		Utilities
written Request	Tor reaso	on of Emergency/Hardship
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.		