



# MANDAN, HIDATSA & ARIKARA NATION

Three Affiliated Tribes \* Fort Berthold Indian Reservation

404 Frontage Road \* New Town, North Dakota \* 58763-9402

Phone: 701.627.4781 \* Ext. 8122 \* Fax: 701.627.3503

Office of the Chairman  
Tex "Red Tipped Arrow" Hall

## APPLICATION

**Maximum amount allowable is \$500.00 per fiscal year (October thru September), based on guidelines**

**Read attached GRANTS/SPONSORSHIP/WAKE & FUNERAL approved by Chairman's Administration**

**TYPE OF ASSISTANCE: documentation is required for all requests no exceptions.**

- Medical appointment
- Emergency Medical/Critical (life or limb; terminal)
- Financial Hardship:  Security Deposit  Past due Bill  Auto Repairs  Travel
- Other - please state: \_\_\_\_\_
- Educational (grades and letter from school of current standing)
- Sponsorship (list of MHA Nation enrolled participants; budget; and fundraisers done)
- Funeral Assistance (For a non-enrolled deceased immediate family member)

**PRINT**

<b>NAME:</b>	<b>DATE OF BIRTH:</b>	<b>ENROLLMENT NUMBER:</b>

<b>ADDRESS:</b>			
STREET/PO BOX	CITY	STATE	ZIP CODE

<b>RELIABLE CONTACT NUMBER:</b>	<b>SEGMENT:</b>	<b>MILEAGE: (When Applicable)</b>

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
DATE

\_\_\_\_\_  
RECEIVED BY \_\_\_\_\_  
DATE

\_\_\_\_\_  
AMOUNT APPROVED \_\_\_\_\_  
DATE

\_\_\_\_\_  
APPROVED BY

OFFICE USE ONLY:			FINANCIAL ASSISTANCE RECEIVED		
1 _____ DATE	ACCOUNT CODE/SEGMENT	AMOUNT	4 _____ DATE	ACCOUNT CODE/SEGMENT	AMOUNT
2 _____ DATE	ACCOUNT CODE/SEGMENT	AMOUNT	5 _____ DATE	ACCOUNT CODE/SEGMENT	AMOUNT
3 _____ DATE	ACCOUNT CODE/SEGMENT	AMOUNT	6 _____ DATE	ACCOUNT CODE/SEGMENT	AMOUNT