



MANDAN, HIDATSA & ARIKARA NATION
Three Affiliated Tribes * Fort Berthold Indian Reservation
404 Frontage Road * New Town, North Dakota 58763-9402

NORTH SEGMENT ASSISTANCE APPLICATION

Maximum amount allowable is up to \$500 per fiscal year (October thru September) based on guidelines.

TYPE OF ASSISTANCE REQUESTED: Documentation is required for all requests, no exceptions.

Financial Hardship-Specify: _____

Medical Appointment:Location: _____

Educational (grades and letter from school or current standing)School: _____

Sponsorship (List of MHA Nation enrolled members; budget; and fundraisers done)

Funeral Assistance-Relationship to deceased _____

Other: _____

Dollar Amount Requested: \$ _____ (Up to \$500 allowable per fiscal year)

FULL LEGAL NAME: _____ DOB: _____

*No Nicknames

ADDRESS: _____

PHONE #: _____ Enrollment #: 301U- _____

Documentation Attached (I.e. Written Request, bill, confirmation from funeral home, etc.)

SIGNATURE: _____ Date: _____

OFFICE USE ONLY:

DATE RECEIVED: _____ STAFF MEMBER: _____

Previous Assistance: Date: _____ Amount: _____ Type: _____

Date: _____ Amount: _____ Type: _____

\$ _____
Amount Approved: _____ Approved By: _____ Date: _____

Not Approved / Reason: