APPLICATION

MANDAN, HIDATSA, & ARIKARA NATION
THREE AFFILIATED TRIBES * FORT BERTHOLD RESERVATION
404 FRONTAGE ROAD * NEW TOWN, NORTH DAKOTA * 58763-9402
PHONE: (701) 627-4781 EXT. 8122 * FAX: (701) 627-3503

Maximum amount allowable is “up to” $500 per Fiscal Year
(October-September), based on guidelines

* Documentation required for all requests, no exceptions!
* Letter Addressed to Chairman Fox explaining Financial Hardship request, no exceptions!

Educational Grant – Medical – Life & Limb – Wake/Funeral Assistance
Are processed through TAT Grants & Donations Dept.

CHAIRMAN FOX’S OFFICE ASSISTANCE: Financial Hardship & Sponsorship for TAT
Enrolled Members living “OFF” the reservation.

______ Financial Hardship: ___Security Deposit ___ Past Due Bill ___ Travel ___ Daily Living Expenses
Other: ______________________________________________________________________

______ Sponsorship (list of MHA Nation enrolled participants; budget; and fundraisers done)

(1) Up to $500.00 per fiscal year (not guaranteed), $ amount Requesting:

(2) TAT Members seeking financial assistance need to utilize community resources that
are available to them prior to requesting assistance from the Tribe.

(3) The information you provided is true and to best of your knowledge accurate, any false
information submitted may be considered fraud and will jeopardize any future tribal
benefits/assistance.

Please Print

NAME: ____________________________________________ ENROLLMENT NUMBER: ____________________________

ADDRESS: ________________________________________ 301U-

Street/PO Box ____________________________ City ____________________________ State __________ Zip Code __________

RELIABLE CONTACT NUMBER: ____________________ SEGMENT: ____________________

(______) __________________

SIGNATURE ________________________________________ DATE __________

RECEIVED BY ________________ DATE __________

$ ____________________________

AMOUNT APPROVED ________________ APPROVED BY ________________ DATE __________

OFFICE USE ONLY: FINANCIAL ASSISTANCE RECEIVED

1 ________________ ACCOUNT CODE/SEGMENT: ________________ AMOUNT ________________

DATE __________

3 ________________ ACCOUNT CODE/SEGMENT: ________________ AMOUNT ________________

DATE __________

2 ________________ ACCOUNT CODE/SEGMENT: ________________ AMOUNT ________________

DATE __________

4 ________________ ACCOUNT CODE/SEGMENT: ________________ AMOUNT ________________

DATE __________