

APPLICATION FOR ASSISTANCE

Lake Traverse District

P.O. Box 56 Sisseton, SD.57262

Phone: 1-605-694-2874

Fax : 1-605-694-2876

email:bdehdakinyan1@yahoo.com

Full Name:	Date Of Birth:
Address:	No. in Home:
City/State/Zip:	No. of Elders in Home:
Telephone:	Employed: Y N Employer:
Enrollment No:	Social Security No.

Instruction: Please check the type of assistance that you are requesting. Attach all supporting documents with the application, otherwise the application will not be processed for payment.

Type of Assistance	v	Purpose/Vendor	Description	Amount
Hardship (18 yrs. – 54)			Once a Year	\$300.00
Youth				
Funeral		Immediate Family Only	Mother, Father, Brother, Sister Child, Grandparent	\$250.00
Education		High School High School	Graduation Award Senior Pictures / Class Ring	\$150.00 \$200.00
College: Must Maintain 2.0 GPA (Term)		College College College	Full / Time 12 + Credits/Semester Part/Time 6-11 Credits/Semester Other:	\$500.00 \$250.00
Elderly (55-over)				\$500.00
Home Repair				
Glasses				
Other				

I herein certify that the information and supporting documents are true and correct. I further understand that if I misrepresent the facts for financial assistance that I must repay it in full.

(Applicants Signature)

(Date)

District Use Only

Approved Date:	Account:
Approved Amount:	Check # :
District Chairman:	Issued To
District Treasurer:	