



**Low Mountain Chapter  
P.O. Box 4416  
Blue Gap, AZ 86520  
Telephone # (928) 725-3700  
Fax# (928) 725-3703**

**Financial Assistance Request Form**

**Date:** \_\_\_\_\_

**Requestee:** \_\_\_\_\_

\_\_\_\_\_  
**Social Security No:**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Census No:**

**Phone #:** \_\_\_\_\_

**Purpose of Request:**

\_\_\_\_\_ **Student Financial Assistance**  
\_\_\_\_\_ **Burial Expense**  
\_\_\_\_\_ **Other:** \_\_\_\_\_

**Eligibility Criteria:**

1. Requesting individual must be currently registered with Low Mountain Chapter.
2. Form must be completed & submitted to the Chapter Administration Office.
3. Supporting documents such as letters, invoice, itemized expense report, etc. must be attached.
4. Financial assistance request shall be approved depending on availability of funds.

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**REQUEST BY:** \_\_\_\_\_  
**Veterans Name**

\_\_\_\_\_  
**Veterans Signature**

\_\_\_\_\_  
**Date**

**REQUEST BY:** \_\_\_\_\_  
**Administrative Assistance**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**APPROVED BY:** \_\_\_\_\_  
**Chapter Manager**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**CONCURRED BY:** \_\_\_\_\_  
**Secretary/Treasurer**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**