



Financial Assistance Form

LOW MOUNTAIN CHAPTER

P.O. Box 4416

Blue Gap, Arizona 86520

Phone No. (928)725-3700

Email: lowmountain@navajochapters.org

Name: _____

Date: _____

Address: _____

Phone Number: _____

Message Number: _____

Are you registered with Low Mountain Chapter? Yes No

Census Number: _____

Purpose of Request:

Student Financial Assistance

Burial Expense Assistance

Name of Deceased: _____

Census Number: _____

Other: _____

ELIGIBILITY CRITERIA:

- Requesting individual must currently be an active registered member of Low Mountain Chapter.
- Form must be completed & submitted to the Chapter Administration Office.
- Supporting documents, such as, letters, invoices, itemized expense report, etc. Must be attached.
- If requesting for 'Burial Expense Assistance', deceased but been a registered member with Low Mountain Chapter.
- Financial assistance request shall be approved depending on availability of funds.

Signature: _____

Date: _____

For Chapter Use Only

Approved By: _____
Chapter Manager

_____ Date

Concurred By: _____
Secretary/Treasurer

_____ Date