



ONE TIME FINANCIAL ASSISTANCE REQUEST FORM

REQUESTER NAME: _____ Telephone No.: _____
ADDRESS: _____ Message No.: _____
Telephone No.: _____
Your relationship to Veteran, if not a veteran: _____

- SUBJECT: [] Emergency Hardship Assistance (Define)
[] Transportation Assistance/VAMC Appt. (8060) Provide appointment slip
[] Scholarship
[] Building Materials:
- List of Materials are available.
- If not the chapter will do the estimate for you.
[] Labors:
- 3 labors per project
- Maximum of 80 hours
[] Burial Assistance (Veteran Only) (8055) Provide invoice / cost from Mortuary

COMMENTS: _____

* Are you employed: Yes / No If yes, Permanent/Temporary.
I hereby certify that the above information is true and given to be used for consideration of Financial Assistance Request.

Client's Signature _____ Date _____

SVO STAFF ONLY

I have verified the following: Navajo Chapter Registry [] Discharge Document [] Supporting Documents []
Has Veteran been assisted this FY. If yes, indicate for what purpose: _____
REASON: _____

Shonto Veterans Organization

Meeting Date: _____ Approved: _____
Disapproved: _____

Voted in favor: _____ Opposed: _____ Abstained: _____

SCG Admissions

Funding Available: Yes _____ No _____ Amount: \$ _____
Payee: _____ Address: _____

Chapter Manager _____ Date _____