

**LECHEE CHAPTER
P.O.BOX 4720 PAGE, ARIZONA, 86040
TEL#: 928.698.2805 FAX#: 928.698.2803**

FINANCIAL ASSISTANCE APPLICATION FORM

Name: _____ Census: _____

Address: _____ City: _____ State: _____ Zip: _____

Physical Address of home: _____

Phone Number: _____ Message Phone: _____

Are you a registered voter with LeChee Chapter?

Yes

No

Signature of recipient: _____ Date: _____

Reason for Assistance

FOR OFFICE USE ONLY		
<input type="radio"/> APPROVED <input type="radio"/> DISAPPROVED		
AMOUNT APPROVED: \$ _____		
<table style="width: 100%;"><tr><td style="width: 50%; text-align: center; border-top: 1px solid black;">Chapter Manager</td><td style="width: 50%; text-align: center; border-top: 1px solid black;">Date</td></tr></table>	Chapter Manager	Date
Chapter Manager	Date	