

HEIPA DISTRICT

PO Box 223 (10731 BIA 15)
Veblen, SD 57270

HEIPA DISTRICT REQUEST FORM

APPLICATION MUST BE FILLED OUT COMPLETELY!

Date: _____

Date of Birth: _____

Full Name _____

Alias (maiden Name/Name on Roster) _____

Current Address _____

Tribal Enrollment # _____

City, State, Zip Code _____

Phone #'s _____

**** If address changes before you receive the assistance you applied for, please contact the district to update.**

**** If district has to stop payment on your check, we will deduct the \$30.00 bank charge from your amount.**

I am requesting assistance for: (Check only 1 per application)

_____ General Welfare (\$200 yearly)

_____ Youth to Adult (\$150)

_____ Funeral (\$300)

_____ Senior Pictures (\$300)

_____ New Elder (\$250)

_____ HS Diploma/GED (\$250)

_____ Elderly Living Expense (\$100 on Birthday Month)

_____ Living Expense (Education)

**** Living expense must have student name, college name/phone number and student grades attached for verification.**

**** Youth to adult must have a copy of Tribal Enrollment/ID and Heipa Enrollment Application attached.**

**** Must attach CURRENT documentation for Senior Pictures, HS Diploma/GED.**

**** New Elders must attach copy of Tribal Enrollment/ID with birthdate.**

I understand that all amounts given by Heipa District will be according to the guidelines established. In addition, I understand any falsification of the information I have provided will result in reimbursement to the Heipa District or forfeiture of any future District funding entitled to me until the amount is settled in full.

Application Signature

PHONE: (605) 738-2324 FAX: (605) 738-2379 heipadistrict2016@gmail.com

This form can also be found on the web at:

<http://www.swo-nsn.gov/?p=331>

Updated: July 7th, 2016