



OLD AGENCY DISTRICT

45644 Veterans Memorial Drive

PO BOX 766

Agency Village, SD 57262

Office: (605) 698-7747

Fax: (605) 698-4216

APPLICATION FOR ASSISTANCE 2025

<input type="checkbox"/> Hardship	<input type="checkbox"/> Fund Match	<input type="checkbox"/> Funeral	<input type="checkbox"/> Youth Membership	<input type="checkbox"/> Adult Membership	<input type="checkbox"/> Medical
<input type="checkbox"/> Relinquishment	<input type="checkbox"/> Home Repair	<input type="checkbox"/> College Graduates	<input type="checkbox"/> High School	<input type="checkbox"/> Youth School	<input type="checkbox"/> District Days
First Name	Middle Name	Last Name			
Date of Birth	Enrollment Number	HARDSHIP REQUEST: Youth [] [] Adult 18-54 [] Elder 55 +			
Current Address		City	State	Zip Code	
Please Check best contact number.	[] Home Phone	[] Cell Phone	[] Work Phone		
Physical address to home if different mailing address:					
Mother's Name (Maiden Name)	District	Father's Name			District
Maternal Grandmother	District	Paternal Grandmother			District
Maternal Grandfather	District	Paternal Grandfather			District
Name of Child(ren)	Date of Birth	Grade	Name of School		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					



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Home Repair

Have you ever received home repair assistance before? ____ Yes ____ No

If yes, from who, when and home repaired.

Applicant's Signature

Date

OFFICE USE ONLY:

Home Repair Verification: I hereby verify that the home repairs were complete on _____,
and that I did take pictures of the work completed and submitted to the Executive Committee.

Inspector's Signature

Date

Approved:

Disapproved:

Check No:

District Chair Signature

District Vice-Chair Signature

District Treasure Signature

District Secretary Signature

Reason why disapproved: