

**APPLICATION FOR ASSISTANCE**

Lake Traverse District

P.O. Box 56 Sisseton, SD.57262

Phone: 1-605-694-2874

Fax : 1-605-694-2876

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|                 |                            |
|-----------------|----------------------------|
| Full Name:      | Date Of Birth:             |
| Address:        | No. in Home:               |
| City/State/Zip: | No. of Elders in Home:     |
| Telephone:      | Employed: Y N    Employer: |
| Enrollment No:  | Social Security No.        |

**Instruction:** Please check the type of assistance that you are requesting. Attach all supporting documents with the application, otherwise the application will not be processed for payment.

| Type of Assistance                  | √ | Purpose/Vendor               | Description                            | Amount   |
|-------------------------------------|---|------------------------------|--|----------|
| Hardship (18 yrs. – 54)             |   |                              | Once a Year                            | \$300.00 |
| Youth                               |   |                              |  |          |
| Funeral                             |   | <b>Immediate Family Only</b> | Mother, Father, Brother, Sister Child, | \$250.00 |
| Education                           |   | High School                  | Graduation Award                       | \$150.00 |
|                                     |   | High School                  | Senior Pictures / Class Ring           | \$200.00 |
| College:                            |   | College                      | Full / Time 12 + Credits/Semester      | \$500.00 |
| <b>Must Maintain 2.0 GPA (Term)</b> |   | College                      | Part/Time 6-11 Credits/Semester        | \$250.00 |
|                                     |   | College                      | Other:                                 |          |
| Elderly (55-over)                   |   |                              |  | \$500.00 |
| Home Repair                         |   |                              |  |          |
| Glasses                             |   |                              |  |          |
| Other                               |   |                              |  |          |

I herein certify that the information and supporting documents are true and correct. I further understand that if I misrepresent the facts for financial assistance that I must repay it in full.

\_\_\_\_\_ (Applicants Signature)

\_\_\_\_\_ (Date)

**District Use Only**

|                     |           |
|---------------------|-----------|
| Approved Date:      | Account:  |
| Approved Amount:    | Check # : |
| District Chairman:  | Issued To |
| District Treasurer: |           |