

## **Shiprock Chapter Government** of the Navajo Nation



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Name: \_\_\_\_\_







## SHIPROCK CHAPTER VETERANS ORGANIZATION FINANCIAL ASSISTANCE APPLICATION

| Address:  |                        |                                    |                             |              |
|---|------------------------|------------------------------------|-----------------------------|--------------|
| (P.O. Box, Street Address)  |                        | (City) (Sta                        | te) (Zip Code)              |              |
| Social Security Number: XXX-XX  |                        | Census Number:                     |                             |              |
| Chapter Affiliation:  |                        | Registered Voter                   | : Yes No                    |              |
| Type of Assistance Requested:   |                        |                                    |                             |              |
|   |                        |                                    |                             |              |
| <b>Budget Description and Justificatio</b> Mileage – Travel assistance for vetera |                        | medical center; No                 | on-Capital Assets – Purchas | e stoves for |
| veterans and widows; Repairs and Moors, windows, and floors; Assistance           |                        |                                    |                             |              |
| FOR SHIPROCK CHAPT  | ER GOVERNMEN           | T OF THE NAVAJ                     | O NATION USE ONLY:          |              |
| Veteran's Financial Assistance Requ   | ested: <b>Approved</b> | Disapprov                          | ed Amount: \$               |              |
| Commander SCVO  | Date                   | Vice Commander SCVO                |                             | Date         |
| Secretary/Treasurer SCVO  | Date                   | Community Service Coordinator Date |                             | Date         |