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**SHIPROCK CHAPTER VETERANS ORGANIZATION FINANCIAL ASSISTANCE CHECK LIST**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Branch Served: USMC COAST GUARD ARMY NAVY AIR FORCE**

**Veteran’s Information**

Shiprock Chapter Veteran’s Assistance Form Social Security Card

Identification Card or Driver’s License DD-214

Voter’s Registration Card – Shiprock Chapter Certificate of Indian Blood (CIB)

Monthly Attendance/Sign In Sheet/Minutes (3) Quotations

Form W-9 Request for Taxpayer Identification Number and Certification

**Chapter Responsibility:**

RDP/FAF Chapter Resolution

Letter of Award Letter of Denial

Copy of Check

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| **FOR SHIPROCK CHAPTER GOVERNMENT OF THE NAVAJO NATION USE ONLY:**  Veteran’s Financial Assistance Requested: **Approved Disapproved** Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commander SCVO Date Vice Commander SCVO Date    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Secretary/Treasurer SCVO Date Community Service Coordinator Date |

Date Check/Letter Picked Up