**    **

**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

|  |
| --- |
| **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