

**NEWCOMB CHAPTER
CHAPTER FINANCIAL ASSISTANCE**

REQUEST FOR CHAPTER FINANCIAL ASSISTANCE

DATE: _____

PHONE NUMBER: _____

TO: Newcomb Chapter Officials/Membership
Newcomb Community Chapter

FROM: _____
(Name)

EMAIL: _____

I am requesting a one time financial assistance in the amount of: \$100.00
(As approved by the Chapter Resolution and must be current registered voter of the Newcomb Chapter Only)

FOR THE FOLLOWING INDIVIDUAL/ORGANIZATION:

(Name of Payee)

Social Security No.

(Address)

Census No.:

FINANCIAL ASSISTANCE IS NEEDED FOR THE FOLLOWING REASON:

_____ Funeral Expenditure
_____ Student Financial
_____ Donation:

_____ Hardship - Reason:

INSTRUCTIONS FOR PROCESSING

- 1) Complete form & submit to Chapter Administration Staff before the regular scheduled Planning Meeting Date
- 2) Attach any supporting documents (letters, invoices, etc.)
- 3) Must be present at Planning and Chapter Meeting to request for Financial Assistance

Amended to include Phone/Email pursuant to NWCB-121414-019

Amended to include to be present at Planning/Chapter Meeting pursuant to NWCB-112413-009