

**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