



## Emmonak Corporation Application for Monetary Assistance

Date

Name of Applicant

Contact Number

Address

City

State

Zip

Email Address

### Purpose of Assistance

- Medical Emergency for Immediate Family
- Death Emergency for Immediate Family
- Other Emergency

### Assistance Requested

- Fund Distribution
- Airfare
- Other Assistance

Please attach documents proving the need of assistance. Whether it's a doctors note or medical paper-work; proof of assistance will speed up the process of approving. Please be aware this assistance is limited & offered as minimally necessary. This application process does not promise or guarantee assistance. This assistance does not need to be paid back. This limit is set to \$\_\_\_\_\_per individual/immediate family.

Immediate Family Definitions: dad mom sister brother son daughter

Applicants Signature

Date

Approved on \_\_\_/\_\_\_/\_\_\_

Denied on \_\_\_/\_\_\_/\_\_\_

Assistance Approved

- Medical
- Emergency
- Death

Presidents Signature

Date