

LAME DEER DISTRICT REQUEST

Budget Committee FY 2024/2025

Date _____

Name _____

Address _____

Please Circle which assistance fund you are requesting

- **Charity/Medical**
- **Elderly/Handicap/Medical:** Include age (60 & up)
- **Youth/Medical:** Name, age and C/O
- **Education/Medical**
- Lame Deer member can apply every 3 months if funds are available
- It doesn't matter which fund you apply for only one is allowed every 3 months

Explain what you would like assistance for:

Print Name: _____

Requester Signature: _____