



Cherokees of Orange County "Taking Care of Our Own" Fund Distribution Application

Name of individual, family, or group: _____

Address: _____

Phone: _____

Explain need: _____

Where have you sought assistance? _____

Amount requested: \$ _____

For use by approval committee:

Date: _____ **Notes:** _____

Votes for: _____ **Votes against:** _____ **Approval%** _____

If denied, explain: _____

Confirmed and validated by:

_____ **And** _____

Funds distributed to: _____

Amount: \$ _____ **Date:** _____ **By:** _____