



**COUNSELOR CHAPTER**  
**P.O. Box 93 Counselor, New Mexico 87018**  
**(Phone: 575-568-4311) (Fax: 575-568-0021)**  
**(Email:counselor@navajochapters.org)**



Ya'at'eeh!

We are pleased that you have decided to apply for the Counselor Chapter Student Financial Scholarship Assistance! We admire your journey and motivation to pursue higher education. We hope that you will come back and contribute to our community one day.

Before we can consider you for an award, we ask that you submit **OFFICIAL** documents and copies of these documents:

1. Attendance at Chapter Regular Meeting during Scholarship Award Month
2. Complete Scholarship Application
3. Letter of Admission
4. **Official Transcripts** (University/College, High School) (e-Script is accepted)
5. Class Schedule
6. Grades from previous semester (if awarded in the previous award cycle)
7. Certificate of Indian Blood
8. Social Security
9. Photo Identification Card
10. Chapter Authorization Consent Form for School Enrollment Verification

Please submit these documents in a timely manner, deadlines and date of award disbursement will be posted on the website or call the office to confirm. Again, we wish you the best!

Sincerely,

Counselor Chapter Officials and Administration

President: Harry Domingo Sr.

Chapter Coordinator: Samuel Sage

Vice President: Laura Lopez

Account Maintenance Specialist: Martha Aragon

Secretary-Treasurer: Damien Augustine

## Chapter Student Financial Assistance Application



**Counselor Chapter**  
**P.O Box #93 Counselor, NM 87018**  
**Phone: (575)-568-4311 Fax: 575-568-0021**  
**Date:**  / /

Term(s) Applying For
20__ Fall Semester
20__ Spring Semester
20__ Summer Session

### PERSONAL AND FAMILY DATA

Name:				
Current Mailing Address: (City/ State/ Zip)			Telephone No.:	
Permanent Mailing Address: (City/ State/ Zip)			Telephone No.:	
Date of Birth:	Sex:	Marital Status:	Spouse's Name:	No. of Children:
Are you a veteran? Yes [ ] No [ ]		Are you a Registered Member of Your Chapter? Yes [ ] No [ ] if no, CIB is Required		Chapter Affiliation:
Mother's Name:	Address: City/ State/ Zip			Tribe:
Father's Name:	Address: City/ State/ Zip			Tribe:

### EDUCATIONAL DATA

High School: (Name, City, Sate)		Month & Year of Graduation or GED Certificate:			
College Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate					
College or University you plan to attend: (Name, City, State)			Major:		Type of Degree you are seeking:
Letter of Acceptance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Chapter Resolution: <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Request: \$	
Name of College or University last attended:		Month & Year :	Have you ever received a Navajo Scholarship before: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, When:		Institution:			

***I certify that the information provided is correct to the best of my knowledge.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR CHAPTER USE ONLY

Date	Award Letter Prepared	Date	Voucher Prepared	Date	Cancelled	Check returned			