

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			