

CHAPTER SCHOLARSHIP FINANCIAL ASSISTANCE APPLICATION

Mexican Water Chapter
 Red Mesa TP#1019, HC 61 Box 38
 Teec Nos Pos, AZ 86514
 Ph: 928-429-0943/0986/1054
 Email: mexicanwater@navajochapters.org

Fall Deadline: Last work day in August
 Spring: Last work day in December
 Summer: Last work day in April

Term Applying For:	
20__	Fall Semester
20__	Spring Semester
20__	Summer Session 1
20__	Summer Session II

PERSONAL AND FAMILY INFORMATION

Legal Name (Last, First, Middle)		SSN:	Census No:
E-Mail Address:			
Current Mailing Address:		Telephone No:	
Permanent Mailing Address:		Telephone No:	
Marital Status:	Spouse's Name:	No. of Children:	
Date of Birth:	Sex: Female ___ Male: ___	Are you a Veteran? Yes ___ No ___	
Are you a registered Member of your Chapter? Yes ___ No ___		Chapter Affiliation:	
If you are under age 18, Verification of Parent's Voter Registration			
Mother's Name:	Address:	Tribe:	
Father's Name:	Address:	Tribe:	

EDUCATIONAL DATA

High School: (Name/City/State):	
Month/Year of Graduation or CED Certificate	Class Ranking/Honor
Post Secondary Classification: Freshman: ___ Sophomore: ___ Junior: ___ Senior: ___ Graduate: ___ Post Graduate: ___	
Post Secondary attending (Name/City/State):	
Major:	Degree Seeking:
Financial Aide Applied for: Navajo Nation ___ Pell Grant ___ SEOG ___ Work-study ___ Other ___	
Post Secondary Last Attended (Name/City/State):	
Month/Year	Chapter Scholarship? Yes ___ No ___

REQUEST FOR ASSISTANCE

List last 3 Chapter Scholarship requests

Month/Year	Amount awarded	Institution: (Name/City/State)

Documents Required: (A new application is required with each request) <input type="checkbox"/> Completed Application <input type="checkbox"/> CIB (copy) <input type="checkbox"/> Letter of Admission (New) <input type="checkbox"/> Social Security Card (copy) <input type="checkbox"/> Class schedule <input type="checkbox"/> Voter Registration (copy) <input type="checkbox"/> Current official Transcript <input type="checkbox"/> 300 Word Essay <input type="checkbox"/> FNA signed by Financial Aid Officer <input type="checkbox"/> Consent for release of Information	Special Needs/Comments: Amount of Request \$
---	--

CERTIFICATION

I hereby certify that the information provided is correct to the best of my knowledge. I understand that any information found from any future request assistance will be denied:

Signature of Applicant _____

Date _____