

CHAPTER SCHOLARSHIP FINANCIAL ASSISTANCE APPLICATION

Mexican Water Chapter
 HC 61 Box 38-1019
 Teec Nos Pos, AZ 86514

PH:928.429.0943/0986/1054

Term Applying For:

20__	Fall Semester
20__	Spring Semester
20__	Summer Session I
20__	Summer Session II

Date: _____

A new application is required with each request.

PERSONAL AND FAMILY INFORMATION

SSN:	C#	Legal Name:(Last,First, Middle)
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E-Mail Address: _____

Current Mailing Address: _____ Telephone No: _____

Permanent Mailing Address: _____ Telephone No: _____

Date of Birth:	Sex: Female___ Male___	Marital Status:	Spouse's Name:	No.of Children
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Are you a Veteran? Yes___ No___	Are you a Registered Member of Your Chapter? Yes ___ No ___ If you are under age 18,Verification of Parent's Voter Registration.	Chapter Affiliation
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Mother's Name:	Address:City/State/Zip	Tribe:
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Father's Name:	Address:City/State/Zip	Tribe:
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EDUCATIONAL DATA

High School:(Name/City/State)	Month/Year of Graduation or GED Certificate:
	Class Ranking/Honors:

College Classification
 Freshman:___ Sophmore:___ Junior:___ Senior:___ Graduate:___ Post Graduate:___

College or University Planning to Attend:(Name/City/State)	Major
	Type of Degree Seeking

Letter of Acceptance: Yes:___ No:___	Financial Aide Applied For: Navajo Nation___ Pell Grant___ SEOG___ Work Study___ Other___
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College or University Last Attended:(Name/City/State)	Month/Year	Chapter Scholarship? Yes___ No___
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REQUEST FOR ASSISTANCE

List last 3 Chapter Scholarship requests

Month/Year	Amount of Request	Institution: (Name/City/State)

Documents Required: _____ Completed Application _____ Letter of Admissions(new) _____ Most current Transcript _____ Certificate of Indian Blood(copy) _____ Social Security Card(copy)	Are You A Veteran? Yes No	Amount of Request \$ _____
Special Needs/Comments: _____		

CERTIFICATION

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

 Signature of Applicant

 Date