



NENAHNEZAD CHAPTER SCHOLARSHIP



GUIDELINES & AGREEMENT

1. Submit a complete application with the following five (5) attachments:
 - Current Letter of Admission**
 - Class Schedule**
 - Voter Registration Document**
 - o Must registered to vote with Nenahnezad Chapter at least **THREE (3) MONTHS** prior to application. If under age 18, parents must be **REGISTERED**. Registration must be kept current by voting in every Navajo Nation election.
 - Certificate of Indian Blood**
 - Current Official Transcript**
 - o Required at time of application and to be submitted at end of each funding period. A minimum of current grade point average (GPA) of 2.0 is required.
 - Chapter Resolution (available after Chapter Mtg.)**
 - o To be approved at the regular chapter meeting.

2. Students may not change voter registration status any time during the award period (School Year).

3. Withdrawals before completion of semester will result in refunding the chapter the amount of the award.

4. The deadlines are as follows:
 - a. SPRING SEMESTER...Opening Date..... **Last Mon. in Nov.**
 - b. SPRING SEMESTER...Closing Date..... **First Thursday in January @ 3:00 pm**
 - c. FALL SEMESTER.....Opening Date..... **Last Mon. in June**
 - d. FALL SEMESTER.....Closing Date..... **First Thursday in August @ 3:00 pm**

5. The award will be based on either part time or full time enrollment and on availability of funds:
 - a. TWO YEAR COLLEGE FULL-TIME (**12 credit hours or more**).....Up to \$500.00
 - b. TWO YEAR COLLEGE PART-TIME (**Less than 12 credit hours**).....Up to \$250.00
 - c. FOUR YEAR COLLEGE FULL-TIME (**12 credit hours or more**).....Up to \$750.00
 - d. FOUR YEAR COLLEGE PART-TIME (**Less than 12 credit hours**).....Up to \$250.00
 - e. GRADUATE LEVEL.....Up to \$750.00 or special provision

6. **Students will be awarded only once during the school year (Fall Semester or Spring Semester)**
**** (1) Student Award per Household**

7. All awardees must return to the chapter for some type of community service. Arrangements to be made with the Chapter Manager. *Please sign all documents where required, failure to do so will delay the process of approval.*

8. ****I have read and understand the Guidelines and Agreement:**

SIGNATURE: _____

DATE: _____

CHAPTER SCHOLARSHIP FINANCIAL ASSISTANCE

PROCESS:

1. Complete Application
2. Letter of Admission/ Verification of Enrollment (Current Semester)
3. Copy of Registered Voter receipt
4. Certification of Indian Blood (CIB)
5. Current Official Transcript

PROCESS OF CHECK

1. The Chapter Secretary and Coordinator sign off on the fund approval form and check.
2. Account Maintenance Specialist prepares the check *when all the documents are in order.*

REGULAR CHAPTER MEETING

1. Student/representative needs to be present at this meeting.
2. The scholarship request will be approved by the voter membership.
3. Chapter Resolution will be completed.

STUDENTS

1. Come to the Chapter Office and sign for your check.

CHAPTER STUDENT FINANCIAL ASSISTANCE PROGRAM



NENAHNEZAD CHAPTER
 P.O. BOX 438
 FRUITLAND, NEW MEXICO 87416
 PHONE: (505) 960-9702 FAX: (505) 960-6657

****OFFICE USE ONLY****

CHECKLIST

- Current Letter of Admission
- Class Schedule
- Voter Registration Document
- Certificate of Indian Blood
- Current Official Transcript
- Chapter Resolution

AMT APVD: _____

Terms(s) Applying For
20_____ School Year
20_____ Summer Session (s)

PERSONAL AND FAMILY DATA

Email:	Census #	Legal Name: (Last, First, Middle Initial)
Permanent Mailing Address: City/State/Zip		Telephone No:
Date of Birth:	Are You a Registered Voter of the Chapter (Under 18-Are Parents Registered?) Yes () No ()	
Under 18- Registered Parents Name:	Address: City/State/Zip	Census #:

EDUCATIONAL DATA

High School: (Name, City, State)	Month & Year of Graduation or GED / College
College Classification: Freshman: () Sophomore: () Junior: () Senior: () Graduate: () Post Graduate: ()	
College or University You Plan to Attend (Name, City, State)	
Major:	Type of Degree you are seeking:
Letter of Acceptance? Yes () No ()	
Have you received Chapter Scholarship Before? Yes () No ()	If Yes, When? Month & Year:
Name of College or University Last Attended:	

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

APPLICANTS SIGNATURE

DATE

SCHOLARSHIP AWARD AGREEMENT

(Please sign and return with all documents)

I, _____, have read and fully understand the Nenahnezad Chapter Scholarship Guidelines and agreement and I agree to abide by the guidelines and failure to do so will jeopardize my funding. By receiving this scholarship assistance, I shall perform some type of community service before I can become eligible for additional assistance. I also understand that if I change my voter registration to another Chapter during the award period or if I do not complete the semester/school year, I shall refund the Chapter the total amount of the award. Furthermore, I understand that this scholarship award will supplement other funding sources to cover my entire educational expenses.

Scholarship Recipient Signature

Date

DETACH HERE

(Please sign and keep for your record)

SCHOLARSHIP AWARD AGREEMENT

I, _____, have read and fully understand the Nenahnezad Chapter Scholarship Guidelines and agreement and I agree to abide by the guidelines and failure to do so will jeopardize my funding. By receiving this scholarship assistance, I shall perform some type of community service before I can become eligible for additional assistance. I also understand that if I change my voter registration to another Chapter during the award period or if I do not complete the semester/school year, I shall refund the Chapter the total amount of the award. Furthermore, I understand that this scholarship award will supplement other funding sources to cover my entire educational expenses.

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Date