EXHIBIT B

**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**
  + Must registered to vote with Nenahnezad Chapter at least THREE (3) MONTHS prior to application. If under age 18, parents must be REGISTERED for 12 months. Registration must be kept current by voting in every Navajo Nation election.
* **Certificate of Indian Blood**
* **Current Official Transcript**
  + 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 Meeting)**
* To be approved at the Regular Chapter Meeting.

1. Students may not change voter registration status any time during the award period (School Year).
2. Withdrawals before completion of semester will result in refunding the Chapter the amount of the award.
3. The deadlines are as follows:
   1. FALL SEMESTER……Opening Date…………**Last Monday in June**
   2. FALL SEMESTER……Closing Date………….**First Thursday in August @ 3:00pm**
   3. SPRING SEMESTER…Opening Date………….**Last Monday in November**
   4. SPRING SEMESTER…Closing Date………….**First Thursday in January @ 3:00pm**
4. The award will be based on either part time or full time enrollment and on availability of funds:
   1. TWO YEAR COLLEGE FULL-TIME (***12 credit hours or more)***
   2. TWO YEAR COLLEGE PART-TIME (***Less than 12 credit hours)***
   3. FOUR YEAR COLLEGE FULL-TIME (***12 credit hours or more)***
   4. FOUR YEAR COLLEGE PART-TIME (***Less than 12 credit hours***)
   5. GRADUATE LEVEL
5. **Students will be awarded only once during the calendar year (Fall Semester or Spring Semester)**
6. All awardees must return to the Chapter for some type of community service and have Scholarship Award Agreement Form (Exhibit C) in place. Arrangements to be made with the Chapter Manager.
7. Faxed or e-mailed documents are the responsibility of the applicant.

**\*\*I have read and understand the Guidelines and Agreement:**

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Resolution NZC-03-2022

**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

**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.

**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.***

**STUDENTS**.

1. Come to the Chapter Office and sign for your check. If not able to pick up check send a authorization note with whomever is picking up check with their ID.

EXHIBIT A

**CHAPTER STUDENT FINANCIAL ASSISTANCE PROGRAM**

**

***NENAHNEZAD CHAPTER***

**\*\*OFFICE USE ONLY\*\***

CHECKLIST

* Current Letter of Admission
* Class Schedule
* Voter Registration Document
* Certificate of Indian Blood
* Current Official Transcript

**AMT APVD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*P.O. BOX 438*

*FRUITLAND, NEW MEXICO 87416*

*PHONE: (505) 960-9702 FAX: (505) 960-6657*

*EMAIL: nenahnezad@navajochapters.org*

Terms(s) Applying For

20\_\_\_\_\_\_\_\_School Year

20\_\_\_\_\_\_\_\_Summer Session (s)

**PERSONAL AND FAMILY DATA**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Email: | | Census # | | Legal Name: (Last, First, Middle Initial | | |
| Permanent Home 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**

EXHIBIT C

**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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scholarship Recipient Signature Date**

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**SCHOLARSHIP AWARD AGREEMENT**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scholarship Recipient Signature Date**