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. 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 Mtg.)
  - 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: __________________

(Amended 12/21/14)
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

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? ____________________________ If Yes, When? ____________________________ Month & Year:

Yes ( ) No ( )

Name of College or University Last Attended: ____________________________

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

________________________________________________________________________

APPLICANTS SIGNATURE

DATE

Terms(s) Applying For

20_______ School Year

20_______ Summer Session (s)

**OFFICE USE ONLY**

CHECKLIST

☐ Current Letter of Admission

☐ Class Schedule

☐ Voter Registration Document

☐ Certificate of Indian Blood

☐ Current Official Transcript

☐ Chapter Resolution

AMT APVD: ____________________________
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)

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