



Chilchinbeto chapter

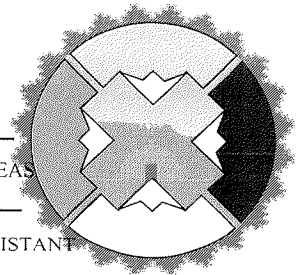
"Home of the World's Largest Navajo Rug"

P. O. Box 1681, Kayenta, AZ 86033. East Highway 160 Navajo Rte. 59

phone: (928) 697-5680/5681 • Fax (928) 697-5691 chilchinbeto@navajochapters.org

Paul Madson- PRESIDENT · Thomas Bradley-VICE PRESIDENT · Virginia White-SEC/TREAS
Delbert Big- GRAZING OFFICIAL · Nathaniel Brown-COUNCIL DELEGATE

Eugene Badonie -MANAGER · Rose Gillis-ADMIN ASST · Neveah Kee-OFFICE ASSISTANT



CHILCHINBETO CHAPTER STUDENT FINANCIAL ASSISTANCE PROGRAM POLICIES AND PROCEDURES

1. ESTABLISHMENT:

The Chilchinbeto Chapter is hereby establishing a Student Financial Assistance Program Policies and Procedures for the utilization of funds appropriated to the Chapter and to administer the funds.

The Chilchinbeto Chapter will provide maximum allowable scholarship assistance so long that the Navajo Nation Council within each Fiscal Year appropriates funds. The chapter has the authority and responsibility of providing assistance to eligible students. Additionally, the chapter is responsible for making the proper eligibility determination for assistance.

2. PURPOSE:

The purpose of the Chapter Student Financial Assistance Program Policies and Procedures is to render guidance to Chilchinbeto Chapter in administering Scholarship Funds. The Navajo Nation Council appropriates these funds to provide financial assistance for college bound students.

3. DEFINITIONS:

A. "Chapter Administration" means the employee of the chapter, which includes, but is not limited to, the Chapter Manager and Office Specialist.

B. "Chapter Manager" means a chapter employee who performs the duties prescribed in 26 N.N.C. Section 1004(c), and 2003 (b), and includes those employees referred to as Community Services Coordinators.

C. "Local Governance Act" means 26 N.N.C., Section 1-2005

D. "College bound students" means students who are pursuing Associate's, Bachelor's, Master's, and Doctorate degrees.

E. The "applicant" admitted to an accredited college is classified as a full-time student in a degree program with 12 credit hours or more; a part-time student means a student in a degree program with 3-11 credit hours

F. A "Graduate student" is a full-time student with 9 or more credit hours in a Master's curriculum, and as a part-time student between 3 and 8 credit hours.

G. “Vocational Technical” means student enroll in skills program in an institution of higher learning which offers certificates for course work completed.

H. “Diploma students” enrolled in an academic institution which tenders GED or High School Diploma.

I. “Enrichment” means funding opportunity for students K-12 for enhanced learning.

4. REQUIRED DOCUMENTS FOR ELGIBILITY:

All applicants must be officially and fully admitted to a post-secondary institution accredited by one of the regional accrediting associations recognized by the Navajo Nation.

* Application – Chapter Student Financial Assistance Program. A completed application with the student’s signature.

* Certificate of Indian Blood — Original and officially sealed to verify legal enrollment with the Navajo Nation.

* Voter Registration — A photocopy of the Navajo voter registration, or if not registered, provide a copy of the parent’s voter registration and be required to fill out voter registration form for future scholarship funding requests. Must be a registered voter at least 6 months to be eligible.

* Transcripts — Transcript must be sealed college or high school grade transcripts. Opened or non-sealed transcripts will not be accepted. Applicant must have at least a 3.0 cumulative GPA

* Letter of Admission/Verification of Enrollment – Undergraduate and graduate students must be officially and fully be admitted to a post-secondary institution, which is accredited, by one of the six regional accreditation agencies as recognized by the Navajo Nation. The graduate applicant shall submit a regular letter of acceptance from the graduate university.

* Release of Information — Application must be signed by student to allow Chilchinbeto Chapter to verify applicant’s enrollment, number of credit hours, and GPA.

5. REQUIRED DOCUMENTS FROM THE CHAPTER:

The chapter will present a resolution for the student that submits all necessary documents at the Monthly Chapter Meeting. The chapter will award the scholarship only if the resolution passes by a majority vote. The resolution will state the students’ names, and the fund amount granted to the student.

6. EXPENDITURE REQUIREMENTS AND REPORTING:

A. All expenditures shall be duly approved by the chapter membership and set out in the budget.

B. The chapter administration shall draw-down the MIP for all Student Financial Assistance expenditures.

C. At the end of the month, the chapter administration shall prepare an expenditure report, which includes the beginning balance, check date, students' names, check numbers, check amount, institution, and identifying what type of funding was awarded, including the monthly ending balance.

7. Award Criteria:

- a. FT Students that are considered Masters or Doctoral degrees are eligible for \$1000 per semester. (Fund one per year).
- b. PT Students that are considered Masters or Doctoral degrees are eligible for \$750 per semester. (Fund one per year).
- c. FT Students that are considered Juniors and Seniors are eligible for \$750 per semester
- d. PT Students that are considered Juniors and Seniors are eligible for \$500
- e. FT Students that are Freshman and Sophomore are eligible for \$500
- f. PT Students that are Freshman and Sophomore are eligible for \$250
- g. Students that are considered Vocational and Technical programs are eligible for \$300 per grade term with maximum of 4 terms per year.
- h. GED student is eligible for a one-time award of \$228.48 each for 4 students.
- i. Enrichment Awards will be contingent upon availability of funds one time for students of the Chilchinbeto community limit to \$350.00 each for 6 students.
- j. Any student taking less than 3 credit hours is not eligible!

All applicants must either be present or represented at the Chapter meeting either in person or by family members. If no representation is available, a written letter to the chapter will suffice.

Eligibility: 8 hours of voluntary community service to the Chapter is required.

Fall Semester Deadline: Last day of September

Spring Semester Deadline: Last day of February

Summer Semester Deadline: June 1

- If a deadline date falls on a weekend or a holiday, it is due the Friday or the day before.

Due to confidentiality, information regarding the Chilchinbeto Chapter scholarship will be given to the applicant only.

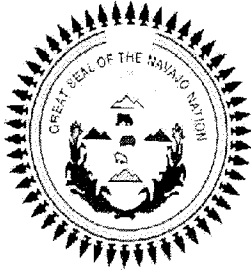
POLICY ACKNOWLEDEMENT

I, _____, acknowledge and agree to the terms of the Chilchinbeto Chapter Student Financial Assistance Program Policies and Procedures and I also understand the scholarship recipient selections are made under the discretion of the Chapter Manager based on the Chilchinbeto Chapter Student Financial Assistance Program Policies and Procedures and once the resolution is voted on the Student Financial Assistance is closed for that term. I also acknowledge that it is my responsibility to submit, update and follow up on all supporting documents to the Chilchinbeto Chapter.

Signature

Date

CHAPTER STUDENT SCHOLARSHIP, ENRICHMENT AND FINANCIAL ASSISTANCE PROGRAM



Chilchinbeto Chapter
 P. O. Box 1681
 Kayenta, AZ 86033
 Tel: (928) 697-5680
 Fax: (928) 415-4929
www.chilchinbeto.navajochapters.org

Enrichment
Fall Semester Deadline: Last day of September
Spring Semester Deadline: Last day of February
Summer Session Deadline: June 1

_____ DATE _____

PERSONAL AND FAMILY DATA

SSN#	C#	LEGAL NAME: (LAST, FIRST, MI)		
CURRENT MAILING ADDRESS:				TELEPHONE #
PERMANENT HOME ADDRESS				TELEPHONE #
DATE OF BIRTH	SEX M F	MARITAL STATUS	SPOUSE'S NAME	NO. OF CHILDREN
ARE YOU A VETERAN? YES NO		ARE YOU A REGISTERED VOTER OF THIS CHAPTER? YES NO		CHAPTER AFFLIATION
MOTHER'S NAME		ADDRESS		TRIBE/REGISTERED VOTER
FATHER'S NAME		ADDRESS		TRIBE/REGISTERED VOTER

EDUCATIONAL DATA

HIGH SCHOOL (NAME, CITY, STATE)		MONTH & YEAR GRADUATED OR GED CERTIFICATE		
COLLEGE CLASSIFICATION K - 8TH FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE POST GRADUATE				
SCHOOL, COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND(ING) (NAME, CITY, STATE)			TYPE OF DEGREE OR ENRICHMENT YOU ARE SEEKING	
LETTER OF ACCEPTANCE YES NO		CHAPTER RESOLUTION NO.		AMOUNT REQUESTED \$
NAME OF COLLEGE OR UNIVERSITY LAST ATTENDED		MONTH/YEAR	HAVE YOU RECEIVED CHAPTER ASSISTANCE BEFORE YES NO	
IF YES, WHEN		INSTITUTION		

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

Signature

Date

****** APPLICANT: ATTACH FOLLOWING DOCUMENTS**

- | | |
|---|---------------------------------------|
| 1. _____ Letter of admission for semester you are attending | 5. _____ Release of Information |
| 2. _____ Official transcript from last school attended | 6. _____ 8 Hours community Service |
| 3. _____ Voter registration receipt | 7. _____ Signed Policy and Procedures |
| 4. _____ Class schedule | |

*** For office use only ***

DATE	STATUS	TERM	AWARD AMOUNT	CHECK NO:	INITIAL



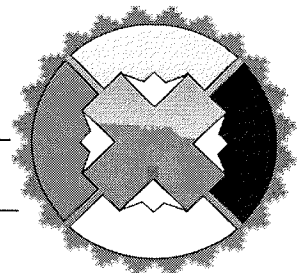
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RELEASE OF STUDENT RELATED INFORMATION

INSTITUTION: _____

I authorize the release of (listed below) student related information to Chilchinbeto Chapter Manager, Eugene Badonie, in order to be considered for chapter academic assistance. I must sign and date this form:

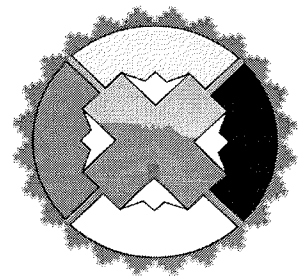
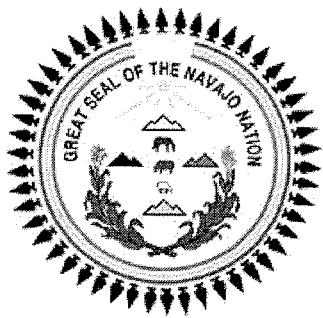
1. Enrollment verification (verbal or faxed hard copy)
2. Letter of Admission (entering student, faxed if requested)
3. Class schedule (Entering student, verbal or faxed hard copy) with grades and credit hours, and GPA (continuing students, verbal or faxed hard copy)

Signature of Student

Social Security Number

Student's printed name

Date



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Vacant-President, Thomas Bradley-Vice President, Delbert Big-Grazing Official, Virginia
White-Secretary/Treasurer, Nathaniel Brown -Council Delegate

Eugene Badonie-Chapter Manager, Rose M. Gillis-Administrative Assistant
Vacant-Office Assistant

Volunteer Information and Verification Form

Volunteer Name: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____

E-mail: _____

Activity Completed: _____

With what Company/ Organization was your community service completed:

Start Date of Activity: _____ End Date of Activity: _____ Hours completed: _____

Name and contact of person to verify Community Service Activity:

Activity Completed: _____

With what Company/ Organization was your community service completed:

Start Date of Activity: _____ End Date of Activity: _____ Hours completed: _____

Name and contact of person to verify Community Service Activity:

Signature: _____ Date: _____