

CHAPTER STUDENT SCHOLARSHIP, ENRICHMENT AND FINANCIAL ASSISTANCE PROGRAM



Chilchinbeto Chapter
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_____ DATE _____

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

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 AFFILIATION
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