

Tse' Alnaozti'i' Chapter - Scholarship Application

Student Information		
Name:		Census #:
Date of Birth:	SSN:	Phone:
Current Address:		
City:	State:	ZIP Code:
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Monthly Payment or Rent:	How Long?
Mother Name:	Census #:	Chapter:
Father Name:	Census #:	Chapter:
Previous Academic Information		
High School: <input type="checkbox"/> GED <input type="checkbox"/>		
High School Name:		Phone:
City:	State:	Zip Code:
Year Graduated:	GPA:	Certificate:
Current Academic Information		
School Name:		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Address:		Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>
City:	State:	ZIP Code:
Classification: Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/>		
Major / Minor:		
Cumulative GPA:	School Code:	
References		
Name:	Address:	Phone:
<p style="font-size: small;">I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge and belief, and I authorize the Tse' Alnaozti'i' Chapter to investigate all statements or other information contained in this application form and any attachments submitted with it. Any misrepresentation, falsification or material omission of information on this application may result in my failure to receive educational assistance. I release all parties and persons from any and all liability for any damages that may result from furnishing such information.</p>		
Signature of Applicant:		Date: