

## Tsé Ał Náoztí'í Chapter Government

P.O. BOX 219 Sanostee, NM 87461

<u>Phone:</u> (505)723-2702 ~~ <u>Fax:</u> (505)723-2705 ~~ <u>Email:</u> sanostee@navajochapters.org

## Scholarship Checklist for Chapter Administration

pplicant Name:	Award Amo	Award Amount:	
Spring Semester: November 1st, 2023 through January 30th, 2024 by 5:00 p.m.	Summer Semester: April 1st, 2024 through May 30th, 2024 by 5:00 p.m.	Fall Semester:  May 1st <sup>2</sup> 2024 through  August 15th, 2024 by 5:00 p.m.	
Required Documentation		Date Received	Receivers Initials
Completed Scholarship Application	AL -O		
Driver's License or College ID			
Letter of Admission or Enrollment	Verification	2/1	
	ne Part-Time		
<ul> <li>Sanostee Voter's Registration Card</li> <li>Must be registered for at lea</li> <li>Minors: Parent must be registered</li> </ul>	ast 3 months		
Social Security Card	(3)	7 // 4	
Cover Letter from Applicant			
Unofficial or Official Transcript Current ending semester	GPA	4	
High School Transcript or GED Cert GPA	ificate		
Certificate of Indian Blood (CIB)	7799977		
<u>Comments:</u>	7 4		
Reviewed By:	<u>D</u> a	ate:	

## CHAPTER ADDRESS Tsé Ał Náoztí'í Chapter Phone: (505)723-2702 Term applying for: **PO BOX 219** Fax: (505)723-2705 Fall Semester Sanostee, NM 87461 Spring Semester Email: sanostee@navajochapters.org Summer Semester PERSONAL AND FAMILY INFORMATION SS#: C#: Legal Name: Current Mailing Address: Permanent Home Address: E-mail Address: Contact #: D.O.B: Sex: M Marital Status: Spouse's Name: #Of Children: Veteran? Yes No Branch: Registered Voter of Tsé Al Náoztí'í Chapter? Yes \_\_\_ No \_ If under 18 years old, are your parents registered with Tsé Al Náoztíí Chapter? Yes No Address: Tribe: Mother's Name: Address: Tribe: Father's Name: **EDUCATIONAL DATA** High School: Month/ Year Graduated: University/ College to Attend: Major/Type of Degree: Month/Year to Graduate: College Classification: \_\_\_ Freshmen \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_ Graduate Post Graduate Have you received an acceptance letter from the college you're planning to attend? Yes No Financial Aide applied for: \_\_\_ Navajo Nation \_\_\_ Pell Grant \_\_\_ SEOG \_\_\_ Work Study \_\_\_ Other Received Chapter Assistance? Yes No Month/Year: Amount: **CERTIFICATION** I hereby state that the information provided above is correct to the best of my knowledge. I understand that if any information on this application is found to be fraudulent, any or all future request for student financial assistance will be denied. Signature of Applicant: Date:

Chapter Officials

Jeanne Haskie ~ President

Gerald Henderson ~ Vice-President

Jourdan Washburn ~ Secretary/Treasurer

Council Delegate
Amber K. Crotty
Grazing Official
Alonzo Cohoe

<u>Chapter Administration</u> VACANT ~ CSC VACANT ~ AMS