



Tsé Ał Náoztí'í Chapter Government

P.O. BOX 219 Sanostee, NM 87461

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

Scholarship Checklist for Chapter Administration

Applicant Name: _____ Award Amount: _____

_____ Spring Semester: December 1st, 2024 through January 15th, 2025 by 5:00 p.m.	_____ Summer Semester: May 15th, 2025 through June 13th, 2025 by 5:00 p.m.	_____ Fall Semester: June 1st, 2025 through August 15th, 2025 by 5:00 p.m.
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Required Documentation	Date Received	Receivers Initials
Completed Scholarship Application		
Driver's License, Identification Card, or College ID School ID Number: _____		
Letter of Admission or Enrollment Verification		
Class Schedule for Requesting Semester # Of credits _____ Full-Time _____ Part-Time _____		
Sanostee Voter's Registration Card <ul style="list-style-type: none"> • Must be registered for at least 3 months • Minors: Parent must be registered for 6 months 		
Social Security Card		
Cover Letter from Applicant		
Unofficial or Official Transcript (If student is already attending college) Current ending semester _____ GPA _____		
High School Transcript or GED Certificate (If student has not attended college before) GPA _____		
Certificate of Indian Blood (CIB)		

Comments:

Reviewed By: _____	Date: _____
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Chapter Officials
 Jeanne Haskie ~ President
 Gerald Henderson ~ Vice-President
 Jourdan Washburn ~ Secretary/Treasurer

Council Delegate
 Amber K. Crotty
Grazing Official
 Alonzo Cohoe

Chapter Administration
 Zelma Bodie ~ CSC
 Leland Begay ~ AMS

CHAPTER ADDRESS

Tsé Aí Náoztí'í Chapter

Phone: (505)723-2702

Term applying for:

PO BOX 219

Fax: (505)723-2705

20___ Fall Semester

Sanostee, NM 87461

20___ Spring Semester

Email: sanostee@navajochapters.org

20___ Summer Semester

PERSONAL AND FAMILY INFORMATION

Legal Name:

SS#:

C#:

Current Mailing Address:

Permanent Home Address:

E-mail Address:

Contact #:

D.O.B:

Sex: M ___ F ___

Marital Status:

Spouse's Name:

#Of Children:

Veteran? Yes ___ No ___ Branch:

Registered Voter of Tsé Aí Náoztí'í Chapter? Yes ___ No ___

If under 18 years old, are your parents registered with Tsé Aí Náoztí'í Chapter? Yes ___ No ___

Mother's Name:

Address:

Tribe:

Father's Name:

Address:

Tribe:

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.

I also acknowledge that if awarded, I will submit my transcript to Sanostee Chapter Administration Office for the semester I received financial assistance. I will have thirty (30) days after the end of the school semester to do so. If not, I will be ineligible to receive assistance in future semesters from Sanostee Chapter.

Signature of Applicant: _____

Date: _____

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