

RED MESA CHAPTER Red Mesa, Navajo Nation, Utah



Minnie John, Community Service Coordinator Davis Filfred, Council Delegate Bruce H. Benally, Grazing Official

GUIDELINES FOR RED MESA CHAPTER SCHOLARSHIP APPLICATION

- A. The following are the requirements to complete a Student Financial Assistance Application packet, with the following as attachments:
 - 1. Verification of registered voter status with Red Mesa Chapter, if 18 years old. If under 18 years old, the parent(s)/guardian(s) of the applicant must be registered to vote at Red Mesa Chapter.
 - 2. Proof of Residency of the Red Mesa Chapter community. Must originate from the Red Mesa Chapter community and/or be a descendent thereof.
 - 3. Certificate of Indian Blood, a copy of the social security care, and a copy of a current State issued driver's license or identification card.
 - 4. Letter of Admission or verification of enrollment with current class schedule.
 - 5. Current official or internet accessed transcripts.
 - 6. Letter of Interest.
- B. Continuing Students: Students under continuing studies will provide:
 - 1. Class schedule for next semester
 - 2. Current official or internet accessed transcripts
 - 3. Any updates per above eligibility requirements; Chapter residency, Chapter affiliation, driver's license or identification care, etc.
 - 4. Chapter Student Financial Assistance Application
- C. A minimum 2.0 Cumulative GPA or higher is required as a qualification for student financial assistance consideration, per the office transcript or internet accessed computer print out.
- D. <u>Complete the Student Financial Assistance application packet and submit to the Community Service</u>

 <u>Coordinator at the Red Mesa Chapter before or by the application deadline.</u>
 - 1. Undergraduate, Graduate or Vocational Students:

| Fall | Spring | Full Summer | |
|------------------------|--------------|----------------------|--|
| Sept. 15 th | January 15th | May 15th | |
| If summer in | | Summer Trimester(s) | |
| Trimesters: | | May 15 th | |

Scholarship Recipients
Must Fill Out
W-9
Tax Form

E. The Scholarship Committee will review the Student Financial Assistance application and make decisions for consideration of the application.

Telephone: 928-656-3656 Fax: 928-656-3680 Email: redmesa@navajochapters.org



RED MESA CHAPTER STUDENT FINANCIAL ASSISTANCE APPLICATION



| | | PERIOD A | APPLYING FOR | | | | |
|--------------------------|-------------------|-----------------------|-------------------|------------------------------|---------------|----------------|--------|
| Applying for: | Fall Se | Fall Semester | | New Applicant | | | |
| (Check One) | Spring Semester | | | Continuing Student/Applicant | | | licant |
| | Summe | er Semester | | | | | |
| | | PERSONAL | INFORMATION | | | | |
| | | <u> </u> | | | | | |
| Legal Name: | | | | | | Date of Birth: | |
| Last Census Number: | | First Social Security | | Middle Initial | | | Female |
| | | | | | | Sex: | |
| Telephone Number: | | Message | Number: _ | | | | Male |
| Email Address: | | | | | | | |
| Current Mailing Address: | | | | | | | |
| Permanent Mailing A | | | | | | | |
| | Marita Status | | | Spouse's Name: | | | |
| No. of Children: | | | ou registered | | Yes | No | _ |
| 2.20.22 | | <u></u> | | Chapter? of parent(s) vote | | | |
| | Are you a Veteran | | o, verification o | oj pareni(s) voie | rregistration | геципец | |
| BACKGROUND INFORMATION | | | | | | | |
| Mother's | Name: | | <u> </u> | | Tribe: | | |
| Street Address/PO Box | Apt. No | | City, State | | | Zip Code | |
| Father's | Name: | | | | Tribe: | | |
| Street Address/PO Box | Apt. No | | City, State | | | Zip Code | |
| Maternal Grandmother's | Name: | | | | Tribe: | | |
| Street Address/PO Box | Apt. No | | City, State | | | Zip Code | |
| Maternal Grandfather's | Name: | | <u>—</u> | | Tribe: | | |
| Street Address/PO Box | Apt. No | | City, State | | | Zip Code | |
| Paternal Grandmother's | Name: | | | | Tribe: | | |
| Street Address/PO Box | Apt. No | | City, State | | | Zip Code | |
| Paternal Grandfather's | Name: | | _ | | Tribe: | | |
| Street Address/PO Box | Apt. No | | City, State | | | Zip Code | |

| Maternal Great Grandmother's Name: | | | | | Tribe: | | |
|---|-------------------|--------------------|-------------|------------|--------------------------|------------------------------|--|
| | | | | | | | |
| Street Address/PO Box | Apt. No | (| City, State | | Zip | Code | |
| Maternal Great Grandfather's Name: | | | | | Tribe: | | |
| Street Address/PO Box | Apt. No | (| City, State | | Zip (| Code | |
| Paternal Great Grandmother's Name: | | | | | Tribe: | | |
| Street Address/PO Box | Apt. No | (| City, State | | Zip Code | | |
| Paternal Great Grandfather's Name: | | | | | Tribe: | | |
| Street Address/PO Box | Apt. No | (| City, State | | Zip | Code | |
| | | EDUCATI | ION | | | | |
| Class: (Check One) | Name and | d Location of Scho | ool | Dates | Dates Attended: Degree S | | |
| Freshman | | ge/University/Inst | | From: | To: | | |
| Sophomore | Address. | | | | | | |
| Junior | relephone. | | | | | | |
| Senior | | e/University/Insti | | From: | To: | Major: | |
| | Address: | | | | | | |
| Graduate | Telephone: | | | | | | |
| | | e/University/Insti | | From: | To: | Anticipated Graduation Date: | |
| | Name: Address: | | | | | _ | |
| | Telephone | | | | | | |
| | | PRIOR FUN | IDING | | | | |
| Date of last Chapter Student Finance | ial Assistance re | eceived: | | | | | |
| | | ATTACHM | ENTS | | | | |
| | E FOLLOWING | DOCUMENTS A | ATTACE | ED TO THIS | | | |
| New Applicant: (Check One) Continuing Student/Applicant: (Check One) | | | | | | | |
| YES NO YES NO | | | | | | | |
| Verification for registered voter status with Chapter Transcript | | | | | | | |
| Proof of Residency w | | ommunity | | | | Class Schedule | |
| CIB, ID/DI, Social Security Cards Letter of Admission OR verification of enrollment with current class schedule | | | | | | | |
| Transcript | | | | | | | |
| Letter of Interest | | | | | | | |
| | | CERTIFICA' | TIOIN | | | | |
| "I certify that the above information provided is true and correct to the best of my knowledge." | | | | | | | |
| Signature Date | | | | | | | |
| ************************************** | | | | | | | |
| (Received Stamp) | | | | | | | |
| Received By: | | | | | | | |
| | | | | | | | |
| | | | | | Title | | |

| AUTHORIZATION FOR RELEASE OF INFORMATION | | | |
|--|-----------------------------------|--|--|
| I, | eation. Further, I hereby release | | |
| Signature | Date | | |

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