



RED MESA CHAPTER

Red Mesa, Navajo Nation, Utah



Dr. Peter Littlehat, Scholarship Committee

Ryan Benally, Scholarship Committee

Victor Dee, Scholarship Committee

Applicant's Name: _____ Fall or Spring Year: _____

STUDENT ID #: _____

CHECKLIST FOR CHAPTER SCHOLARSHIP APPLICATION

Please, complete the student financial assistance application and submit to the Red Mesa Chapter Administration or by email (redmesa@navajochapters.org) before or by the application deadline.

Deadline Date(s) for Student Chapter Financial Assistance Application: (for Fall/Spring ONLY)

FALL September 15th
SPRING January 15th

CHECKLIST

The following are the requirements to complete a Student Financial Assistance Application packet

New Applicant:

- ☐ Completed Chapter Scholarship Application
- ☐ Voter Registration Card (if 18 years of age or older) If applicant is under the age of 18 years old, attach a copy of the parent(s) or guardian(s) voter registration card.
- ☐ Red Mesa Chapter Certificate of Residency
- ☐ Certificate of Indian Blood, Social Security Card, State issued Driver's License or Identification Card, and Student ID
- ☐ Current Class Schedule with Credit Hours
- ☐ Verification of Current Enrollment
- ☐ Current official High School and/or last semesters' College Transcript
- ☐ Letter of Interest

Continuing Student:

- ☐ Chapter Scholarship Application
- ☐ Current Class Schedule with Student Credit Hours
- ☐ Current Official College Transcript with last semester's Student GPA/Credit Hours
- ☐ Verification of Current Enrollment
- ☐ Student ID with Student picture and student ID number
- ☐ If any updates on such as chapter residency, chapter affiliation, driver's license, identification card, copy of student identification

The Scholarship Committee will review the Student Financial Assistance Application and make decisions for consideration of the application. Any application that is submitted incomplete will not be process for review. And please, DO NOT forget to sign and date the application or it will not be process for review. All assistance awarded shall be based on availability of funds and in accordance to policies & procedures approved by the chapter. Assistance shall be limited to once per family every fiscal year. ("family" is defined as those persons related either by blood or marriage who reside in the same household) Checks will be made payable directly to vendor.

**** FOR OFFICE USE ONLY ****

Received By (Staff's Name)

"Received" Stamp Date

Is the application completed and all required documents are attached?

☐ Yes ☐ No

RMC Scholarship Application, 03/2025

RED MESA CHAPTER STUDENT FINANCIAL ASSISTANCE APPLICATION

☐ New Applicant

or

☐ Continuing Applicant

Applying for which term (Check One): Academic Year: _____
☐ Fall Semester ☐ Spring Semester

PERSONAL INFORMATION

Date: _____

Legal Name: _____

Last _____ *First* _____ *Middle Initial* _____

Date of Birth: _____

Census Number: _____ Social Security Number: _____ Gender: ☐ Female ☐ Male

Marital Status: _____ Spouse's Name: _____

Are you a veteran? ☐ Yes ☐ No

Current Mailing Address: _____

Permanent Mailing Address: _____

Email Address: _____ Phone Number: _____

Are you a registered voter of Red Mesa Chapter? ☐ Yes ☐ No *(If under 18, verification of parent(s) voter registration required)*

Please attach a copy of voters' card

Have you applied for Chapter Scholarship Assistance with Red Mesa Chapter?

☐ Yes ☐ No

*If yes, Who? _____

What Term/Academic Year? _____

BACKGROUND INFORMATION

Mother's Name: _____ 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: _____ 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* _____

OFFICE USE ONLY	
Registered Voter of Red Mesa Chapter?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

EDUCATION

Class: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate

Degree Seeking: _____ Major: _____

Anticipated Graduation Date: _____ Student ID (please provide/attach a copy): _____

Name/Address of School: _____

Name: _____

Address: _____

Telephone: _____

College GPA: _____ Undergraduate GPA _____ Graduate GPA _____

"I understand that my signature authorizes Red Mesa Chapter to obtain verification of any information on this application and additional information may be necessary for approval of this application. The information that I have provided on this application is true and complete to the best of my knowledge."

Applicant's Signature

Date

****OFFICE USE ONLY****

☐ Approved

☐ Denied

Name of Institute: _____

Reason for Denial: _____

Amount Awarded: _____

☐ Full Time or ☐ Part Time (check one)

Credit Hours this Semester: _____

GPA last Semester: _____

Date of last Chapter Student Financial Assistance received: _____

Chapter Scholarship Committee

Date

Chapter Scholarship Committee

Date

Chapter Scholarship Committee

Date

****COMMUNITY SERVICE COORDINATORS' APPROVAL FOR PAYMENT****

Date of Check Issued: _____

Check No.: _____

Fund/GL Code: _____

Chapter Community Service Coordinator

Date