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 card, 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.

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. Complete the Student Financial Assistance application packet and submit to the Community Service Coordinator at the Red Mesa Chapter before or by the application deadline.

1. Undergraduate, Graduate or Vocational Students:

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<th>Fall</th>
<th>Spring</th>
<th>Full Summer</th>
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<td>Sept. 15&lt;sup&gt;th&lt;/sup&gt;</td>
<td>January 15&lt;sup&gt;th&lt;/sup&gt;</td>
<td>May 15&lt;sup&gt;th&lt;/sup&gt;</td>
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<td>If summer in Trimesters:</td>
<td>Summer Trimester(s)</td>
<td>May 15&lt;sup&gt;th&lt;/sup&gt;</td>
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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 APPLYING FOR

Applying for:  □ Fall Semester  □ New Applicant
               □ Spring Semester  □ Continuing Student/Applicant
               □ Summer Semester

CHECK ONE

PERSONAL INFORMATION

Date: ____________________________ Date of Birth: ____________

Legal Name: ________________________

Last  First  Middle Initial  Sex:

□ Male  □ Female

Census Number: ____________ Social Security Number: ____________

Telephone Number: ____________ Message Number: ____________

Email Address: ____________________________

Current Mailing Address: ____________________________

Permanent Mailing Address: ____________________________

Marital Status: ________________________ Spouse’s Name: ________________________

No. of Children: _______ Are you registered with your Chapter? Yes No *If under 18, verification of parent(s) voter registration required

Are you a Veteran? Yes No

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: ____________

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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 ____________

EDUCATION

Class: (Check One)
☐ Freshman
☐ Sophomore
☐ Junior
☐ Senior
☐ Graduate

Name and Location of School
Current College/University/Institute
Name: ____________________________
Address: ____________________________
Telephone: ____________________________

Dates Attended: From: ____________ To: ____________

Degree Seeking:

Anticipated Graduation Date: From: ____________ To: ____________

Major: ____________________________

Name: ____________________________
Address: ____________________________
Telephone: ____________________________

Prior College/University/Institute
Name: ____________________________
Address: ____________________________
Telephone: ____________________________

From: ____________ To: ____________

PRIOR FUNDING

Date of last Chapter Student Financial Assistance received: ____________________________

ATTACHMENTS

 ARE THE FOLLOWING DOCUMENTS ATTACHED TO THIS APPLICATION

New Applicant: (Check One) YES NO
Continuing Student/Applicant: (Check One) YES NO

Verification for registered voter status with Chapter

Proof of Residency within Chapter community

CIB, ID/DI, Social Security Cards

Letter of Admission OR verification of enrollment with current class schedule

Transcript

Letter of Interest

CERTIFICATION

“I certify that the above information provided is true and correct to the best of my knowledge.”

Signature ____________________________ Date ____________________________

(Received Stamp)

(Received Stamp)

Received By: ____________________________ Name ____________________________

Title ____________________________

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I, ________________________________, as an applicant, hereby authorize the Red Mesa Chapter to verify the information given in my scholarship application. Further, I hereby release all persons and organizations from liability for providing legally and confidential information pertinent to only my scholarship application.

______________________________  ________________________
Signature                      Date