

Marilyn Holly, Vice President

Marlene Dee-Ben, Secretary/Treasurer



Minnie John, Community Service Coordinator Davis Filfred, Council Delegate Henrico 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:
 - 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.
 - 5. Current official or internet accessed transcripts.
 - 6. Letter of Interest.
- B. <u>Continuing Students:</u> Students under continuing applicants 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		

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



RED MESA CHAPTER STUDENT FINANCIAL ASSISTANCE APPLICATION



PPPPTT T					Sector 1
		PERIOD APPL YING FOR			
Applying for:	Fall Semester	New App	New Applicant		
(Check One)	Spring Semester		Continuing Student/Applicant		
[Summer Semester				
		PERSONAL INFORMATION			
Date:					
Legal Name:				Date of Birth:	
Last	First	Midd	le Initial	- Dute of Birth.	
Census Number:	Social S	ecurity Number:		C	Female
Telephone Number:	N	lessage Number:		Sex:	Male
Email Address:					
Current Mailing Address:					
Permanent Mailing Address:					
g	Marital	Sp	ouse's		
	Status:]	Name:		-
No. of Children:		Are you registered with	h your Yes apter?	No	
	*!	f under 18, verification of par	1	required	
Are you	a Veteran? Yes	No			
	B/	ACKGROUND 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	•	
			mbe.		
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	Apt. No City, State		Zip Code					
Maternal Great Grandfather's Name:				Tribe:					
Street Address/PO Box	Apt. No	Apt. No City, State		Zip Code					
Paternal Great Grandmother's Name:				Tribe:					
Street Address/PO Box	Apt. No	lo City, State		Zip Code					
Paternal Great Grandfather's Name:			Tribe:						
Street Address/PO Box	Apt. No	City, State	ity, State Zip Code		Code				
		EDUCATION							
Class: (Check One)	Name and Locat Current College/Univ Name:		From:	Attended: To:	Degree Seeking:				
Sophomore	Address				_				
Junior									
Senior	1 Prior College/Univ Name:		From:	To:	Major:				
Graduate	Telephone:								
	2 Prior College/Univ Name:		From:	To:	Anticipated Graduation Date:				
	Address:								
	Telephone								
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 (Check One) YES NO									
Verification for registered voter status with Chapter Transcript Proof of Residency within Chapter community Class Schedule CIB, ID/DI, Social Security Cards Class Schedule Letter of Admission OR verification of enrollment with current class schedule Transcript Letter of Interest 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)	Receiv	ved By:							
		•		Name					
				Title					

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