



**Bahastl'ah Chapter**  
 Post Office Box 4424  
 Yahtahey, New Mexico 87375  
 Telephone: 505/735-2600      Fax: 505/735-2605

### **Chapter Student Financial Checklist:**

- \_\_\_\_\_ **Bahastl'ah Chapter Student Financial Assistance Application.**
- \_\_\_\_\_ **Social Security Card** ó Original / Must be signed.
- \_\_\_\_\_ **Certificate of Indian Blood** ó Original/Officially sealed verifying legal Navajo Nation Enrollment.
- \_\_\_\_\_ **Voter's Registration** ó Receipt for proof of registration with BAHASTL'AH.
- \_\_\_\_\_ **Letter of Admission** ó Verification of enrollment for each semester.
- \_\_\_\_\_ **Graduation/Degree Checklist** ó Submit updated checklist each semester for continued funding.
- \_\_\_\_\_ **Class Schedule** ó Verification of credit hours.
- \_\_\_\_\_ **Transcript(s)** ó Student must submit a transcript no later than thirty (30) working days after the completion of the academic term to be eligible for future funding.
- \_\_\_\_\_ **Letter of Interest** ó Student must submit a letter of interest.
- \_\_\_\_\_ **Records Release Consent** ó Verification only with consent of the applicant.

#### **Eligibility Criteria:**

Undergraduate and graduate student must be OFFICIALLY and FULLY admitted to a post secondary institution accredited by one of six regional accrediting agencies. The applicant must submit a Letter of Admission from the graduate degree program and graduate school. Enrollment verifications will be requested from students who have already submitted a Letter of Admission. The letter shall have the following information: most current enrollment status and admission status. Students who have not attended school for two consecutive semesters will need to submit a readmission letter from their respective school even if they previously turned in a letter of admission. All graduate students must submit a graduation/degree checklist at the end of each term. All graduating students must submit a graduation/degree checklist for verification of graduation date. **A new application must be filed each semester for all financial request(s).** In accordance with Bahastl'ah Student Financial Assistance Policy and Procedures, **this will serve as a check off list before eligibility is determined.**

# Bahastløah Chapter Student Financial Assistance Application

## Personal and Family Data

Name: (Last, First, Middle)			Social Security #:		Census #:	
Current Address:		City:	State:	Zip Code:	Telephone #:	
Permanent Address:		City:	State:	Zip Code:	Telephone #:	
Date of Birth:	Gender:	Marital Status:	Spouse's Name:		No. of Children:	
Are you a Veteran? ( ) Yes ( ) No	Are you a registered voter with Bahastløah Chapter? (*If under 18, verification of Parents Voter Registration) ( ) Yes ( ) No					
Mother's Name: (Last, First, Middle)			Tribe:		*Census #:	
Address:		City:	State:		Zip Code:	
Father's Name: (Last, First, Middle)			Tribe:		*Census #:	
Address:		City:	State:		Zip Code:	

## Educational Data

High School: (Name, City, State)			Graduation Date: (Indicate if GED)		
College Classification: ( ) Freshman ( ) Sophomore ( ) Junior ( ) Senior ( ) Graduate ( ) Post Graduate					
College or University you plan to attend: (Name, City, State)			Type of Degree you are seeking:		
Name of College or University last attended: (Name, City, State)				Month/Year:	
Have you received Financial Assistance with Bahastløah Chapter? ( ) Yes ( ) No				If yes, when: (Month/Year)	
Have you received Financial Assistance with another Chapter? ( ) Yes ( ) No				If yes, when: (Month/Year)	

I certify the information I have provided is correct to the best of my knowledge. If eligible, I will strictly utilize the financial assistance towards my educational expenses. Upon approval checks will be made payable to the Student.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Bahastl'ah Chapter  
Student Financial Assistance  
Payment Invoice**

On \_\_\_\_\_ (date), Bahastl'ah Chapter approved and awarded Mr./Mrs./Ms. \_\_\_\_\_, a Student Financial Assistance in the amount of \$\_\_\_\_\_ for \_\_\_\_\_ semester to attend \_\_\_\_\_ University/College/Institute. This assistance is strictly to defray the educational expense incurred by the above student, who has been determined to be eligible.  
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**APPROVAL FOR PAYMENT**

**MAKE PAYABLE TO:**

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Census #: \_\_\_\_\_

Award Amount: \_\_\_\_\_

Account #: \_\_\_\_\_

Check #: \_\_\_\_\_

I have verified the information, and the student is in compliance with BAHASTL'AH STUDENT FINANCIAL ASSISTANCE POLICY, therefore is eligible for assistance.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Accounts Maintenance Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Services Coordinator

\_\_\_\_\_  
Date



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**Records Release Consent**

I, \_\_\_\_\_, hereby give my consent to Bahastløah Chapter Administration in inquire/access information regarding my financial assistance. Bahastløah has access to my information for the \_\_\_\_\_ academic year.

Name of Student:	
Address:	
City, State, Zip Code	
Social Security #:	
Telephone #:	

Semester:	
Grade Point Average:	
Current Credit Hours:	

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Accounts Maintenance Specialist

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Community Services Coordinator

\_\_\_\_\_  
 Date