NAVAJO NATION
Bahastl'ah Chapter
Post Office Box 4424
Yahtahey, NM 87375
Telephone: (505) 735-2600 Fax: (505) 735-2605

SCHOLARSHIP APPLICATION CHECK-OFF LIST

- All Questions In This Application Must Be Answered!
- A New Application Muse be Filed For Each Scholarship Assistance Request.
- Under **NO** Circumstance Will The Chapter Administration Make Copies From Previous Application

REQUIRED DOCUMENTS TO BE ATTACHED TO APPLICATION ARE AS FOLLOWS:

_____ Scholarship Assistance Application

_____ Signed Authorized Release of Information Form

_____ Copy of valid Photo Identification Card

_____ Copy of Chapter Voter Registration Card – must be a registered voter for six (6) Months before applying.

_____ Copy of Certificate of Indian Blood

_____ Copy of Social Security Card

_____ Letter of Admission/Enrollment Verification for semester requesting – student must be accepted from an Accredited College/University/Technical School.

_____ Semester Class Schedule with School Admissions

_____ Originals (sealed) High School Transcript – **ONLY** for recent high school graduates.

_____ Original (sealed) College Transcript – **RETURNING** students must submit an updated transcript from the previous semester. Minimum GPA 2.0 or above – **NO EXCEPTIONS!!!**

APPLICATION DEADLINES DATES:

**** FALL SEMESTER	August 31st
**** SPRING SEMESTER	December 31st
**** SUMMER SESSION	May 31st

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!!!!!

BAHASTL'AH CHAPTER

CHAPTER STUDENT FINANCIAL ASSISTANT CHECKLIST
BAH-SFA-2021

Date: _____

Name: _____ School: _____ Credit Hrs.: _____

Address: _____ GPA: _____ Probation: **YES NO**

ELIGIBILITY CRITERIA

The Bahastl'ah Chapter provided students the opportunity to achieve their educational goals. Recipients of Bahastl'ah Chapter Financial Assistant must be FULLY and OFFICIALLY admitted into Post-secondary school as undergraduate or graduate student. Recipient must be registered voter at Bahastl'ah Chapter. A new application must be filed each semester for all financial request(s). Recipients must be able to provide additional document(s) requested by the Chapter Administration (if not attached).

Financial Assistant: COPIES OF IMPORTANT DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

- ☐ Certificate of Indian Blood (CIB)
- ☐ Copy of Social Security Card (SSC)
- ☐ Copy of Voter's Registration
- ☐ Copy of Driver License or Identification Card
- ☐ Attend Planning Meeting Date: _____
- ☐ Attend Regular Chapter Meeting Date: _____

ADMINISTRATION USE ONLY!		
		Chapter Student Financial Application (signed & dated)
		Records Release Consent
		Graduation Check List MUST BE signed by Academic Advisor
		Class Schedule: ***FALL:____ SPRING:____ 20____***
		Letter of Admission for first time student or Verification of Enrollment for returning students
		Semester Grade Report
		COPY of College Transcript
		Verification of Voter's Registration card (18 yr. older)

____ APPROVE FOR PROCESS ____ DENIED ____ INCOMPLETE

Awarded Amount for FALL: _____	**Awarded Amount for SPRING: _____**
Amount:	Amount:

Comment(s)/Reason(s): _____

_____

_____ _____ _____ _____

Vacant, CSC Date Charolette Yazzie, AMS Date

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 Bahastl'ah 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)			**Month & Year of Graduation Date:**
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:		**Major:**
	Letter of Acceptance: **Yes ____ No ____**	**Chapter Resolution:**	**Amount Approved:**
Name of College or University last attended: (Name, City, State)			**Month/Year:**
Have you received Financial Assistance with Bahastl'ah Chapter? **( ) Yes ( ) No**			**If yes, when: (Month/Year)**
Have you received Financial Assistance with another Chapter? **( ) Yes ( ) No**			**If yes, when: (Month/Year)**
Email address:			

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 education expenses. Upon approval checks will be made payable to the Student.

_____ _____

Applicant Signature Date

Student Financial Assistance Payment Invoice

On, _____ (*date*), Bahastl'ah Chapter approved and awarded _____, Student Financials Assistance in the amount of $_____ for _____ 20_____, to attend _____. The Financial Assistance is strictly to defray the educational expense by the above student, who has been determined eligible.

APPROVAL FOR PAYMENT

MAKE PAYABLE TO:

Name of Student: _____
Address: _____
City, State, Zip: _____
Telephone #: _____
Social Security #: _____ Census #: _____
Award Amount: _____ Check #: _____ Account #: _____

I have verified the information, and the student follows Bahastl'ah Chapter Scholarship POLICY, therefore is eligible for assistance.

_____ _____
Student Signature Date

_____ _____
Community Service Coordinator Date

_____ _____
Accounts Maintenance Specialist Date

To: Chapter Administration,
Please release my scholarship check to: _____.

Thank you,

_____
Student Signature

Records Release Consent

I, _____, hereby give my consent to Bahastl'ah Chapter Administration to inquire/access information regarding my financial assistance. Bahastl'ah has access to my information for the _____ academic year.

_____ _____

Applicant Signature Date

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

Semester:	
Grade Point Average:	
Current Credit Hours:	

VERIFICATION:

Date: _____ Verifier *(Admin)*: _____ (Print)

NOTES: