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!!!!!

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BAHASTL'AH CHAPTER

STUDENT FINANCIAL ASSISTANT CHECKLIST

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. 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): _____

_____

_____ _____ _____ _____

Kieon Halona, CSC | Date | Charolette Yazzie, AMS | Date

Personal Information

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 Information

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:

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

STUDENT EDUCATION SCHOLARSHIP ASSISTANCE POLICY

The purpose of the Student Educational Scholarship Assistance is to provide limited financial needs to students who are enrolled in Post-Secondary Education.

I. QUALIFICATION AND RESPONSIBILITIES:

A. The applicant shall abide by and comply with policies and eligibility requirements set forth by Bahastl'ah Chapter.

B. The requirements are and not limited to:

- Complete Application
- Letter of Admission (Verification of Enrollment)
- Unofficial Transcripts/ Grade Report
- Voter Registration Card (18 and Over)
- Copy of Certificate of Indian Blood
- Copy of Social Security Card
- Copy of DD 214 (Veteran)
- Must complete 1099 and W-9 (IRS Forms)
- All applicants must sign the Bahastl'ah Chapter Scholarship Assistance Policy.
- Applicant must attend the Chapter Planning & Regular meeting(s).

II. BAHASTL'AH CHAPTER POLICY

1. Student must maintain a 2.0 GPA throughout the academic term.
2. The applicant shall fulfill their academic obligation and comply with Chapter Policies.
3. The applicant shall notify the Chapter Administration within (5) five business days upon declining any Financial assistance awarded in writing; and
4. The applicant shall report any change in their enrollment, withdrawal, and transfer status, prior to reapplying for any financial assistance; and
5. The applicant is responsible for understanding his/her rights and responsibilities regarding student education financial assistance, including the responsibilities to be informed of policies herein.

III. Denial

A. The Chapter Administration shall determine if the applicant is ineligible or disqualified for student education financial assistance for any of the following reasons:

1. Incomplete Application
2. Application did not meet the deadline date
3. Chapter Student Education Financial Assistance funds have been depleted

4. Applicant exceeded the maximum number of funding allocation per term
5. Applicant enrolled into a non-accredited institute
6. Applicant implemented incomplete grades towards earning appropriate credit hours(s)
7. Applicant is denied or disqualified for failure to comply with the Chapter Policies.
8. Prior academic term not completed
9. The recipient repeated courses during the last academic term
10. The applicant falsified information to obtain financial assistance
11. The recipient officially or unofficially withdrew from his or her institution without notification and written justification to the chapter administration prior to reapplying for assistance
12. The applicant of any financial assistance who misuse funds issued to him or her shall denied any further assistance for one academic term
13. Failure to sign the Student Financial Assistance Policy Form.
14. Failure to Resister as Voter for Bahastl'ah Chapter.

IV. RESUBMISSION SND APPEALS

A. All disqualified applicants resubmitted or appealing their student education financial assistance application must adhere to the following to be consider eligible for assistance:

- The disqualified applicants/recipient that is reapplying shall submit and official of the academic transcript of the academic year attended
- The disqualified applicants/recipient shall be reinstated upon meeting all qualifications ***(I. Qualification and Responsibilities A & B)***
- The disqualified applicants/recipients shall repay funds issued during the term of the violation prior to being re-qualified and funded or wit wait one academic year
- Must turn in receipt(s) all adding close to or over the amount awarded
- The disqualified applicant/recipients shall provide a justification statement regarding any violation noted by Chapter Administration
- The applicant/recipients shall be reinstated to good standing upon the compliance pf policies and review of the Chapter Administration

V. DEADLINES:

A. Deadlines shall be adhering and not waived. and availability of funds. Unless otherwise determined by Chapter President due to unforeseen circumstance or availability of funds. The following are:

- Fall Semester – **Last Day August**
- Spring Semester – **Last day of December**
- Summer Semester – **Last Day of May**
- **The Chapter Administration shall review all applications and determine qualification**
- The chapter administration shall notify the applicant per-qualification or disqualifications in writing within (5) five business days upon the review of the applicants application
- Deadline Time will be at 4:00 p.m., No Exceptions (Including Fax and Email)

- Post Mark will make to be on the Last Day of the Deadline, as indicated above
- Chapter shall award funds in the following manner:
  - *Full-time student carrying 12 hours or more will be awarded $300.00 per semester.*
  - *Part-time student carrying less than 12 hours will be awarded $175.00 per semester.*

VI. **PRIVACY ACT STATEMENT:**

A. All applicants that file an application with Bahastl'ah Chapter shall be kept confidential by the chapter.

B. In order for the Chapter Administration to disclose any information relating to your application or documents you have submitted, the applicant must sign a disclosure statement, specifying the individual(s) and or entities to receive the information that you the applicant provided to the chapter.

VII. **AMENDMENTS:**

The Bahastl'ah Chapter Membership of registered voters may amend this policy and financial assistance award at a scheduled planning and regular chapter meeting.

Final Revision: August 10, 2017
Resolution #: _____
Motioned by: _____
Seconded by: _____
VOTE: _____

ACKNOWLEDGMENT

By signing this form, you are indicating to the Bahastl'ah Chapter Administration that you have fully read and understand the Student Education Financial Assistance Policy and that all questions were fully answered by the Bahastl'ah Administration in regard to any question(s) that you may have before signing this form.

I, _____ (Print Name) have fully read, understand and asked any questions that I may have in regards to the Student Education Financial Assistance policy. I do understand that this form is a document that will indicate that I have read the following and by NOT signing this form can will disqualify me from the process of being funded any financial assistance from the Bahastl'ah Chapter.

_____ _____

Signature Date