



**BAHASTL'AH CHAPTER  
CHAPTER STUDENT FINANCIAL ASSISTANT CHECKLIST  
BAH-SFA-2019**

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:**

- |                          |                                    |                          |   |
|--------------------------|------------------------------------|--------------------------|---|
| <input type="checkbox"/> | Certificate of Indian Blood (CIB)  | <input type="checkbox"/> | Copy of Driver License or Identification Card |
| <input type="checkbox"/> | Copy of Social Security card (SSC) | <input type="checkbox"/> | Attend Planning Meeting Date: _____           |
| <input type="checkbox"/> | Copy of Voter's Registration       | <input type="checkbox"/> | Attend Regular Chapter Meeting Date: _____    |

<input type="checkbox"/>	<i>Chapter Student Financial Application (signed &amp; dated)</i>
<input type="checkbox"/>	<i>Records Release Consent</i>
<input type="checkbox"/>	<i>W9</i>
<input type="checkbox"/>	<i>Graduation Check List <b>MUST BE</b> signed by Academic Advisor</i>
<input type="checkbox"/>	<i>Class Schedule: <b>FALL:</b>____ <b>SPRING:</b>____ <b>SUMMER:</b>____ <b>20</b>____</i>
<input type="checkbox"/>	<i>Letter of Admission for first time student or Verification of Enrollment for returning students</i>
<input type="checkbox"/>	<i>Semester Grade Report</i>
<input type="checkbox"/>	<i>COPY of College Transcript</i>
<input type="checkbox"/>	<i>Verification of Voter's Registration card (18 yr. older)</i>

**ADMINISTRATION USE ONLY!**

\_\_\_\_ APPROVE FOR PROCESS      \_\_\_\_ DENIED      \_\_\_\_ INCOMPLETE

Awarded Amount for FALL: _____	Awarded Amount for SPRING: _____	Awarded Amount for SUMMER: _____
Amount:	Amount:	Amount:

Comment(s)/Reason(s): \_\_\_\_\_

\_\_\_\_\_  
Vera Morgan, CSC    Date    Louise Gleason, AMS    Date

### Personal and Family Data

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

### Educational Data

<b>High School: (Name, City, State)</b>			<b>Month &amp; Year of Graduation date</b>		
<b>College Classification:</b> ( ) Freshman ( ) Sophomore ( ) Junior ( ) Senior ( ) Graduate ( ) Post Graduate	<b>College or University you plan to attend: (Name, City, State)</b>				
	<b>Type of Degree you are seeking:</b>			<b>Major:</b>	
	<b>Letter of Acceptance:</b> Yes___ No___	<b>Chapter Resolution:</b>		<b>Amount Approved:</b>	
<b>Name of College or University last attended: (Name, City, State)</b>				<b>Month/Year:</b>	
<b>Have you received Financial Assistance with Bahastl'ah Chapter?</b> ( ) Yes ( ) No				<b>If yes, when: (Month/Year)</b>	
<b>Have you received Financial Assistance with another Chapter?</b> ( ) Yes ( ) No				<b>If yes, when: (Month/Year)</b>	
<b>Email address:</b>					

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 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.

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### 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 Services Coordinator

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

Thank you,

\_\_\_\_\_  
Student signature

## Records Release Consent

I, \_\_\_\_\_, hereby give my consent to Bahast'ah Chapter Administration to inquire/access information regarding my financial assistance. Bahast'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:**