

**TSAILE/WHEATFIELDS CHAPTER
CHAPTER SCHOLARSHIP APPLICATION**

CHECKLIST - All Documents Listed Are Required

APPLICANT NAME: _____

OFFICE USE ONLY Date Rec'd / Int.

_____ 1). Student applying for Chapter Scholarship need to attend a Regular Chapter Meeting to request for Scholarship Assistance, if unable to attend the parent(s) or a representative shall represent the students.

NEXT CHAPTER MEETING: _____

_____ 2). **APPLICATION:** Complete Tsaille/Wheatfields Chapter Scholarship Application with Signature and Date.

_____ 3). **TRANSCRIPT:** OFFICIAL College, High School Transcript, and/or GED Scores. *First year applicants must submit final High School Transcript, with date of Graduation. Continuing recipients must submit an Official Transcript after each semester. Additional Transcript are required from all previous schools attended.*

_____ 4). **LETTER OF ADMISSION:** Graduate/Undergraduate applicants must submit a Letter of Admission from the College or the Degree Program, which states Full Admission to the College. Enrollment Verification is required from students who have already submitted a Letter of Admission but have not been funded at least one term.

_____ 5). **CLASS SCHEDULE:** Current Class Schedule for the semester requesting. (Class to be attending during the semester with proof of name & credit hours).

_____ 6). **VOTER REGISTRATION:** Copy of the NAVAJO NATION VOTER REGISTRATION Card. *(Must be a registered voter of Tsaille/Wheatfields Chapter six months prior to requesting Scholarship Application, if under 18 years of age the parents or legal guardian must be registered voter of Tsaille/Whatfields Chapter.*

DEADLINES:

**FALL SEMESTER - August 1st - October 31st
SPRING SEMESTER - December 1st - February 28th
SUMMER SEMESTER - April 1st - June 31st**

**CHAPTER SCHOLARSHIP POLICY - STUDENT SHALL BE ELIGIBLE TO APPLY ONLY ONCE
PER FISCAL YEAR FROM OCTOBER 1st - SEPTEMBER 30th.**

**TSAILE/WHEATFIELDS CHAPTER
SCHOLARSHIP ASSISTANCE APPLICATION**

NAME: _____ DATE: _____

Mailing Address: _____
(PO Box#, City; State; Zip Code)

Social Security#: _____ Census#: _____ D.O.B: _____ Gender: MALE / FEMALE

Registered Voter? YES NO Chapter Affiliation: _____

Mother's Name: _____ Chapter: _____

Father's Name: _____ Chapter: _____

High School or G.E.D. Center (Name & Location): _____

H.S. Diploma or G.E.D. received (Month & Year): _____

Type of high school graduated from: PUBLIC PRIVATE BIA TRIBAL CONTRACT G.E.D GRANT

COLLEGE OR UNIVERSITY YOU WILL ATTEND: _____

TYPE OF TERM: (Circle One) SEMESTER / QUARTER / TRIMESTER

TYPE OF DEGREE YOU WILL EARN WHILE ATTENDING COLLEGE: (Circle One)

Diploma or Certificate:	Associates:	Bachelors:	Masters:	Doctorate:
	AA / AS / AAS	BA / BS	MA / MS	Ed.D / MD / PhD / JD

COLLEGE CLASSIFICATION: (Circle One)

FRESHMEN / SOPHOMORE / JUNIOR / SENIOR / GRADUATE / POST-GRADUATE

UNDERGRADUATE/GRADUATE: _____ ANTICIPATED DATE OF GRADUATION: _____

MAJOR: _____ MONTH/YEAR: _____

ENROLLMENT STATUS: (PLEASE CHECK ONE) :

<input type="checkbox"/> Twelve (12) or more credit hours	<input type="checkbox"/> One (1) to Five (5) credit hours
<input type="checkbox"/> Six (6) to Eleven (11) credit hours	<input type="checkbox"/> Vocational Training or Enrichment Program (Must have college credit hours)

TERM APPLYING FOR: _____ YEAR: _____ SEMESTER: SPRING SUMMER FALL

Have you received Chapter Scholarship Assistance before: YES NO

If Yes, When and What Institution? _____

I, certify that the information provided is correct to the best of my knowledge. I understand that this application for Financial Assistance does not guarantee that assistance will be granted but will be used to determine eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the number of applications received, the remaining funds available and the priorities to be met by the Tsaile/Wheatfields Chapter.

SIGNATURE: _____ DATE: _____

Phone#: _____ Email: _____

Message#: _____