



THE CHURCHROCK CHAPTER

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 CHURCHROCK, NM 87311
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 www.churchrock.nndes.org

(TERM APPLYING FOR)	
20__	FALL SEMESTER
20__	SPRING SEMESTER

Date: _____

CHAPTER SCHOLARSHIP APPLICATION

PERSONAL INFORMATION				
SOCIAL SECURITY NO.	CENSUS NO.	LEGAL NAME: (LAST, FIRST, MIDDLE INITIAL)		
CURRENT MAILING ADDRESS: CITY/STATE/ZIP CODE				TELEPHONE NO.
DATE OF BIRTH	GENDER	MARTIAL STATUS	SPOUSE	MESSAGE NO.
ARE YOU A VETERAN?	ARE YOU A REGISTERED VOTER OF CHURCHROCK CHAPTER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
MUST PROVIDE PROOF OF VOTER REGISTRATION (6 months or more)				
MOTHER'S MAIDEN NAME		ADDRESS: CITY/STATE/ ZIP CODE		CHAPTER AFFILIATION
FATHER'S NAME		ADDRESS: CITY/STATE/ ZIP CODE		CHAPTER AFFILIATION

EDUCATIONAL INFORMATION			
HIGH SCHOOL: NAME/CITY STATE		MONTH & YEAR OF GRADUATION	
<input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR <input type="checkbox"/> GRADUATE <input type="checkbox"/> POST GRADUATE	COLLEGE, UNIVERSITY, OR SCHOOL YOU PLAN TO ATTEND: NAME/CITY/STATE		
	SCHOOL MAILING ADDRESS: CITY/STATE/ZIP CODE		
	MAJOR:	TYPE OF DEGREE SEEKING	
NAME OF COLLEGE OR UNIVERSITY LAST ATTENDED:		CITY/STATE	MONTH/YEAR
HAVE YOU RECEIVED CHAPTER SCHOLARSHIP?	IF YES, SEMESTER/TERM	AMOUNT AWARDED	SCHOOL NAME

I certify that the information provided is correct and true to the best of my knowledge:

_____ SIGNATURE _____ DATE

DOCUMENTS THAT NEEDS TO BE ATTACHED TO YOUR APPLICATION:	
<input type="checkbox"/> CURRENT SCHOLARSHIP APPLICATION	<input type="checkbox"/> VERIFICATION OF VOTERS REGISTRATION
<input type="checkbox"/> LETTER OF ADMISSION	<input type="checkbox"/> SOCIAL SECURITY CARD
<input type="checkbox"/> CLASS SCHEDULE	<input type="checkbox"/> CERTIFICATE OF INDIAN BLOOD
<input type="checkbox"/> OFFICIAL TRANSCRIPT (Last School Attended)	<input type="checkbox"/> PHOTO IDENTIFICATION
*** Applicant must be registered for 6 months prior to applying for Chapter Scholarship!	

Official Use Only:	Date Returned	Initial:	
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