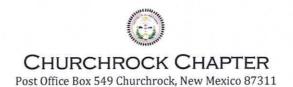
Larry J. King, President
Dr. Carolene Whitman, Vice President
Francine Smith, Secretary/Treasurer
VACANT,

Community Service Coordinator (CSC)

Website:

churchrock.navajochapters.org



Fax: 505-488-2190

Tel. 505-488-2464

Steven Arviso, Council Delegate
Heather Kinlacheeny, LDA
Emery Chee, Land Board Member
Sabrena Eley, AMS
Account Maintenance Specialist (AMS)

Email: churchrock@navajochapters.org

SCHOLARSHIP ASSISTANT CHECKLIST AND APPLICATION

Date:		
Name:	School:	Credit Hrs:
School's Address:	GPA	a: Probation: YES NC
Financial Assistant: COPIES OF IMI	PORTANT DOCUMENTS TO	BE SUBMITTED WITH APPLICATION
Chapter Financial Assistant Appl	ication (signed and dated)	
CIB, SSC, Driver's License or Stat	e issued ID (must be attached)	
Records Release Consent Form (s	igned and dated)	
Graduation Check List: MUST BI	E signed and dated by Academ	ic Advisor
Current Class Schedule		
Letter of Admission for first time	student or Verification of Enr	ollment for returning student
Semester Grade Report		
Copy of College Transcript		
Verification of Voter's Registration	on card (18 years and older)	
APPROVE for PROCESS	DENIED	INCOMPLETE
Award Amount for:FALL	SPRING	SUMMER
Amount of Award: \$		
Comments:		
Official's/CSC Signature	Date	

Larry J. King, President Dr. Carolene Whitman, Vice President Francine Smith, Secretary/Treasurer VACANT, Community Service Coordinator (CSC)

CHURCHROCK CHAPTER

Steven Arviso, Council Delegate Heather Kinlacheeny, LDA Emery Chee, Land Board Member Sabrena Eley, AMS

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STUDENT FINANCIAL ASSISTANT APPLICATION

Personal Data

Name: Social	al Security No.: _		Census No.:		
Mailing Address:	City:	State:	Zip:		
Permanent Address:	City:	State:	Zip:		
Home Phone: Cell No:		Email:			
Date of Birth: Gender:	M F	Marital St	tatus:		
Registered Voter: Y N (you are required to	register)				
	Family Data				
Parent(s) Name:	Home No:		Cell No:		
Address:	City:	State:	Zip:		
IF MINOR:					
Father's Chapter Affiliation:	Mother's	Chapter Affiliatio	n:		
High School:	Educational Da		GPA:		
College/University you will attend:					
College Classification: FIRST YEAR SECOND YEAR					
Anticipated Graduation Date:		Enrollment Statu	s: FULL TIME PART TIME		
Have you received Churchrock Chapter Financial	Assistant before?	(when)			
I,, certify the in	nformation I have	provided is correc	et to the best of my		
knowledge. If eligible, I will utilize the financial a					
Student Signature	Date				

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STUDENT FINANCIAL ASSISTANCE PAYMENT INVOICE

On	n(Date), Churchrock Chapter approved and awarded							
Student Financial Assistan	ce in the amount of \$	5	for	, 20	; to attend			
educational expense incur								
Student Signature	Date		Official's/CS	C Signature	Date			
	C	D-1 I-C-						
		Release Info		1 1 Y Y Y				
I,	, hereby give my	consent to Cl	nurchrock Cha	ipter Administra	tion to			
inquire and access informa	ation regarding my in	ianciai assista	lice for the	ac	adenne year.			
Student Signature	Date							
College:		Semester:		Current Credit Hours:	GPA:			
Comments:	.*.							
CRC Administration – Ver	ified by Date		-					
	Consent to Rele	ease Financia	al Assistance					
I,	, hereby give m	v consent for			to pick up			
my Churchrock Chapter So								
Student Signature	Date							
	Recip	pient of Chec	<u>:k</u>					
I,	, will be responsi	ble to forward	the Scholarsl	hip/Financial Ass	sistant Check			
to	78							
Recipient's Signature	Date	C	RC Administra	ation _	Date			