



CHURCHROCK CHAPTER

Post Office Box 549 Churchrock New Mexico 87311 Tel: (505) 488-2166 FAX: (505) 488-2190

Johnnie Henry, Jr. **Sherman Woody** **Louise Jim** **Donald Arviso** **Edmund Yazzie**

President Vice President Secretary / Treasurer Land Board Council Delegate

LaVera T. Morgan, Community Service Coordinator **Vera Marianito**, Account Maintenance Specialists.

CHURCHROCK CHAPTER FINANCIAL SCHOLARSHIP ASSISTANCE CHECKLIST AND APPLICATION

Date: _____

Name: _____

School: _____

Credit Hrs.: _____

Address: _____

GPA: _____

Probation: Yes No

ALL DOCUMENTS MUST BE ATTACHED TO APPLICATION

	Chapter Financial Assistant Application (<i>signed & dated</i>)
	CIB, SSC, Voters Registration card, Driver License or ID (<i>must be attached</i>)
	Record Release Consent
	2020 W9
	Graduation Check List MUST BE signed by Academic advisor
	Spring Class Schedule
	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 (<i>18 yr. order</i>)

No incomplete application will be accepted.

_____ APPROVE FOR PROCESS

_____ DENIED

_____ INCOMPLETE

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

Comment(s) / Reason(s): _____

Vera Morgan, CSC

Date

Vera Marianito, AMS

Date



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CHURCHROCK CHAPTER FINANCIAL ASSISTANT APPLICATION

Personal Data

Name: _____ Social Security No: _____ Census: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Date of Birth: _____ Gender: **M** **F** Marital Status: _____

Registered Voter: **Y** **N**

Family Data

Parent(s) Name: _____ Telephone: _____ Mobile Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Father Chapter Affiliation: _____ Mother Chapter Affiliation: _____

Educational Data

High School: _____ Graduation Date: _____ GPA: _____

College/University you will attend: _____ Type of Degree: _____

College Classification: **First Year** **Second Year** **Third Year** **4th Year** **Graduate** **Postgraduate**

Anticipated Degree Graduation Date: _____ Enrollment Status: **PART TIME** **FULL TIME**

Have you received Churchrock Chapter Financial Assistance? (when): _____

Are you a Registered voter of Churchrock Chapter? **Yes** **No** (If No, you are required to Registered)

I _____ certify the information I have provided is correct to the best of my knowledge. If eligible, I will utilize the financial assistance towards my educational expenses.

Applicant Signature

Date



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Student Financial Assistance Payment Invoice

On _____ (date); Churchrock Chapter approved and awarded Mr./Mrs./Ms. _____,
Student Financial Assistance in the amount of \$ _____ for _____, 20____; to attend _____.
This Financial Assistance is strictly to defray the educational expense incurred by the above student, who has been determined to be eligible.

Student Signature

Date

Community Service Coordinator

Date

Consent to Release information

I, _____, hereby give my consent to Churchrock Chapter Administration to inquire and access information regarding my financial assistance for the _____ academic year.

Applicant Signature

Date

College:

Semester:

GPA:

Current Credit Hours:

NOTE:

Verifier (CRC Administration)

Date

Consent to Release Financial Assistant

I, _____, hereby give my consent to _____
pick up my Chapter Scholarship Financial Assistant Check for the _____ academic year.

Applicant Signature

Date

Receipt of the Check

I, _____, will be responsible to forward the Scholarship Financial Assistant check to _____.

Receiving Signature

Date

Churchrock Administration

Date