



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

Churchrock Chapter

Post Office Box 549 Churchrock, New Mexico 87311
 Tel. 505-488-2464 FAX: 505-488-2190
churchrock@navajochapters.org

Edmund Yazzie, Council Delegate
Barbara O'Keefe, LDA
Emery Chee, Land Board Member

VACANT
 Community Service Coordinator

VACANT
 Account Maintenance Specialist

SCHOLARSHIP ASSISTANT CHECKLIST AND APPLICATION

Date: _____
 Name: _____ School: _____ Credit Hrs: _____
 Address: _____ GPA: _____ Probation: YES NO

Financial Assistant: COPIES OF IMPORTANT DOCUMENTS TO BE SUBMITTED WITH APPLICATION

Chapter Financial Assistant Application (<i>signed and dated</i>)
CIB, SSC, Voters Registration Card, Drivers License or State issued ID (<i>must be attached</i>)
Records Release Consent Form (<i>signed and dated</i>)
Graduation Check List: MUST BE signed and dated by Academic Advisor
Current Class Schedule
Letter of Admission for first time student or Verification of Enrollment for returning student
Semester Grade Report
Copy of College Transcript
Verification of Voter's Registration card (<i>18 yrs and older</i>)

_____ **APPROVE** for PROCESS _____ **DENIED** _____ **INCOMPLETE**

Award Amount for: _____ FALL _____ SPRING _____ SUMMER

Amount of Award: \$ _____

Comments: _____

 Official's/CSC Signature

 Date



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Churchrock Chapter

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STUDENT FINANCIAL ASSISTANT APPLICATION

Personal Data

Name: _____ Social 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 Status: _____
 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 Affiliation: _____

Educational Data

High School: _____ Graduation Date: _____ GPA: _____
 College/University you will attend: _____ Type of Degree: _____
 College Classification: FIRST YEAR SECOND YEAR THIRD YEAR FOURTH YEAR GRADUATE POSTGRADUATE
 Anticipated Graduation Date: _____ Enrollment Status: FULL TIME PART TIME
 Have you received Churchrock Chapter Financial Assistant before? (when) _____

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.

 Student Signature

 Date



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STUDENT FINANCIAL ASSISTANCE PAYMENT INVOICE

On _____ (Date), Churchrock Chapter approved and awarded _____,

Student Financial Assistance in the amount of \$_____ for _____, 20____; to attend _____ . This Financial Assistant is strictly to be used towards the educational expense incurred by the above student, who has been determined to be eligible.

Student Signature

Date

Official's/CSC Signature

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.

Student Signature

Date

College:	Semester:	Current Credit Hours:	GPA:
Comments:			

CRC Administration - Verified by

Date

Consent to Release Financial Assistance

I, _____, hereby give my consent for _____ to pick up my Churchrock Chapter Scholarship/Financial Assistant Check for the _____ Academic Year.

Student Signature

Date

Receipt of Check

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

Receivers Signature

Date

CRC Administration

Date