



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

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

**Churchrock Chapter**  
 Post Office Box 549 Churchrock, New Mexico 87311  
 Tel. 505-488-2464 FAX: 505-488-2190  
[churchrock@navajochapters.org](mailto:churchrock@navajochapters.org)

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: <b>MUST BE</b> 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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## 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

