

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



**CHURCHROCK CHAPTER**  
Post Office Box 549 Churchrock, New Mexico 87311  
Tel. 505-488-2464 Fax: 505-488-2190

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

Website:  
[churchrock.navajochapters.org](http://churchrock.navajochapters.org)

Email:  
[churchrock@navajochapters.org](mailto:churchrock@navajochapters.org)

## SCHOLARSHIP ASSISTANT CHECKLIST AND APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Credit Hrs: \_\_\_\_\_

School's 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, Driver's 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 years 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

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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

### Recipient of Check

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

\_\_\_\_\_  
Recipient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CRC Administration

\_\_\_\_\_  
Date