



Gadii'ahi/To'koi Chapter Government



• P O Box 1318 • Shiprock, NM 87420 • Phone (505) 368-1070 • Fax (505) 368-1072 • gadiiahi@navajochapters.org •

STUDENT FINANCIAL ASSISTANCE (SCHOLARSHIP) APPLICATION

APPLICATION DUE DATE: _____ @ 4:45 PM

- Student Financial Assistance Application _____
- Original Letter of Admission/Enrollment Verification _____
- Class Schedule for upcoming semester _____
- Official College/High School Transcript _____
- Valid Driver's License or ID _____
- Voters Registration Card _____
- Social Security Card _____
- CIB- Certificate of Indian Blood _____

FOR CHAPTER USE ONLY

Application Received: _____ Received by: _____

Application Complete? Yes No. *If no, why?* _____

Part Time: _____ Full Time: _____ Credit Hours: _____ GPA: _____

Approved _____ Award Letter: Student _____ School _____ FAF No. _____ Check No. _____

Denied _____ Student Denial Letter _____ MAIL: _____

Community Service Coordinator

Chapter Officials
Harry Descheene, President
Arnold Nelson, Vice-President
Sylvia Tyler, Secretary/Treasurer

Council Delegate
Amber Crotty

Grazing Rep
Douglas Deswood

Farm Board Rep
Gilbert Harrison

Chapter Admin
Lynda Hayes, CSC
Janice Biggs, AMS

Health Rep
Maggie Johnson



**Office of the Navajo Nation
Scholarship & Financial Assistance
APPLICATION**

Term(s) applying for:
 20 ___ Fall
 20 ___ Winter/Spring
 20 ___ Summer (Only)



Gadi'ahi Chapter
 P.O. Box 1318
 Shiprock, New Mexico 87420
 (505)368-1070

EXHIBIT U

PLEASE PRINT LEGIBLY AND COMPLETE ALL APPROPRIATE INFORMATION

Date:	Applicant Name: (Last) (First) (Middle Initial) (Maiden Name)			
SSN:	Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone No.(s):		
	Handicaped/Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hm:	Wk:	
Mailing Address: If mailing address changes, Please Contact ONNSFA Immediately & provide new address.				
City:	State:	Zip Code:	E-Mail Address:	
Census No.:	Date of Birth:	Marital Status:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Parent/Guardian Name and Address:				
Navajo Chapter House Affiliation (REQUIRED INFORMATION)				
High School or G.E.D. Center: (Name & Location)			U.S. Diploma or GED received: Month/Year ___ / ___	
Type of High School You Graduated From: (Check One)				
Public <input type="checkbox"/> Private <input type="checkbox"/> BIA <input type="checkbox"/> Tribal Contract <input type="checkbox"/> Secular <input type="checkbox"/> GED <input type="checkbox"/> Grant <input type="checkbox"/>				
College or University You Will Attend: (Name, City, State, Zip)			Type of Term: (Check One)	
Type of degree you will earn while attending college: (Circle One)			Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester <input type="checkbox"/>	
College Classification: (check one)			Diploma or Certificate	
Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Post-Graduate <input type="checkbox"/>			Associates: A.A. / A.S. / A.A.S.	
Undergraduate/Graduate: (REQUIRED INFORMATION):			Bachelors: B.A. / B.S.	
Major:			Masters: M.A. / M.S.	
Graduates ONLY: (REQUIRED INFORMATION):			Doctorate: Ed.D. / M.D. / Ph.D. / J.D.	
Program or Department Accepted Into:			Anticipated Date of Graduation: Month/Year ___ / ___	
My Enrollment Status will be: (Please check one)				
<input type="checkbox"/> Undergraduate Full Time 12 credit hours or more		<input type="checkbox"/> Graduate Full-Time 9 credit hours or more		<input type="checkbox"/> Part-Time (less than Full-Time) 11 credit hours or less for Undergraduate/ 8 credit hours or less for Graduate.
Have you received a Navajo Nation Scholarship before? YES <input type="checkbox"/> NO <input type="checkbox"/>			If yes, when and what institution:	

OFFICE USE ONLY										
Date	Status Code	Fund Code	Award	Fall	Winter	Spring	School	Term	Initial	Initial

Verify that the information provided is correct to the best of my knowledge.

Signature

Date