



Gadii'ahi/To'koi Chapter Government

P.O. Box 1318 • Shiprock, NM 87420

Phone (505) 368-1070 • Fax (505) 368-1072

Email: 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 _____
- IRS Form W-9 _____

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 Date

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



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Terms Applying for:
 20 ___ Fall
 20 ___ Winter/Spring

Student Financial Assistance (Scholarship) APPLICATION

PLEASE PRINT LEGIBLY AND COMPLETE ALL APPROPRIATE INFORMATION

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Date: MM/DD/YYYY		Applicant Name: (LAST) (FIRST) (M.I.) (MAIDEN NAME)					
SSN: - - -		Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		Phone Home: () -			
		Handicap/Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>		No.(s): Work: () -			
Mailing Address: <i>If mailing address changes, Please Contact Gadii'ahi/To'koi Chapter Immediately & provide new address</i>							
City: _____			State: _____		Zip Code: _____		E-Mail: _____
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 GED Center: (Name & Location)						H.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 Contrast <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: (Circle One) Semester Quarter Trimester	
Type of Degree you will earn: (Circle One)		Diploma or Certificate	Associates: A.A / A.S / A.A.S		Bachelors: B.A / B.S	Masters: M.A/M.S.	Doctorate: Ed.D. / M.d. / Ph.D. / J.D.
College Classification: (Circle One) Freshman Sophomore Junior Senior Graduate Post-Graduate							
Undergraduate/Graduate MAJOR: _____						Anticipated Date of Graduation: Month/Year /	
Graduates ONLY: REQUIRED INFORMATION							
Program or Department Accepted into: _____							
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? No <input type="checkbox"/> Yes <input type="checkbox"/>				Institution: _____ Year: _____			
Have you received a Chapter Scholarship before? No <input type="checkbox"/> Yes <input type="checkbox"/>				Institution: _____ Year: _____			

I verify that all the information provided is correct to the best of my knowledge.

PRINT NAME

SIGNATURE

DATE

OFFICIAL USE ONLY

Date	Fund Code	GL Code	Check #	Award	Fall	Winter/Spr	School	Initial
					YEAR	YEAR		
					YEAR	YEAR		
					YEAR	YEAR		
					YEAR	YEAR		

Past Chapter Award information verified by: _____