

## SAN JUAN CHAPTER STUDENT FINANCIAL ASSISTANCE

The Student Financial Assistance Program assists students who are pursuing a degree or certificate in one of the following:

- Vocational Certificate
- Associate of Arts Degree
- Associate of Science Degree
- Bachelor's Degree
- Master's Degree
- Doctorate of Applied Science

The student must be admitted to an accredited college, classified as a full-time or part-time student, minimum of (3) credit hours and up to maximum of (12) credit hours in a degree-seeking or vocational program.

1. Student Financial Assistance Application.
2. Student must submit copy of Driver's License or I.D.
3. Student must submit a copy of Social Security Card.
4. Student must submit a copy of Certificate of Indian Blood (CIB)
5. Student must be a registered voter member. (Proof of Navajo Nation voter registration must be attached to application) 90-day waiting period for new member approval. An exception will be made for a student that may be younger than 18 years of age, provided that the parent/guardian is a registered voter.
6. Official Transcript from college or high school with date of graduation or GED certificate.
7. Letter of Admission (student **must be accepted** to a regionally accredited college or university).
8. Class schedule (a detailed class schedule with credit hours).
9. The Chapter Manager will monitor and recommend students to the Planning/Regular meetings and to ensure that pertinent documents are turned in before releasing any funds to the student.
10. Student must attend both Planning and Regular Chapter meetings to request assistance on their own behalf. If a student is unable to attend due to being away at school, then a representative and a letter of justification is required.
11. A student must be in good standing to qualify for future assistance.
12. Deadline: Student Financial Assistance Application must be turned in five (5) working days prior to planning meeting.

### Early Application

### Late Application

**Fall Semester:** 5 working days before-August planning meeting      September planning meeting

**Spring Semester:** 5 working days before-January planning meeting      February planning meeting

**\*\*Students must have application package completed and submitted before funds are released.**

NOTE: The Student Financial Assistance Program will assist full-time and part-time students based on availability of funds. These funds are available to San Juan Chapter from NTEC, Praxair, Inc., Navajo Nation Land Claim Funds, and Navajo Nation Oil & Gas Company.

# STUDENT FINANCIAL ASSISTANCE APPLICATION

**San Juan Chapter  
Post Office Box 1636  
Fruitland, New Mexico 87416**

**Phone: (505) 960-6916 Fax: (505) 960-0021  
Email: sanjuan@navajochapters.org**

**Term Applying For:**

20\_\_ Fall Semester  
20\_\_ Spring Semester

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**DATE**

## PERSONAL AND FAMILY DATA

SSN:	C#:	Legal Name: (Last, First, Middle Initial)	
Current Mailing Address: City/State/Zip			Telephone No.:
Permanent Home Address: City/State/Zip			Telephone No.:
Date of Birth:	Sex: F <input type="checkbox"/> M <input type="checkbox"/>	Marital Status	Spouse's Name
Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a Registered Member of San Juan Chapter? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If under age of 18, Verification of Parent's Voter Registration and list names below			
Mother's Name:	Address: City/State/Zip		Tribe:
Father's Name:	Address: City/State/Zip		Tribe:

## EDUCATION DATA

High School: (Name, City, State)		Month & Year of Graduation or GED Certificate:
College Classification: 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"/>		
College or University you plan to attend (Name, City, State)		Major:
Letter of Acceptance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Degree seeking: <input type="checkbox"/> Associates of Arts Degree <input type="checkbox"/> Associate of Science Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctorate of Applied Science	
Name of College or University last attended:	Month & Year	Have you received Student Financial Assistance before: Yes <input type="checkbox"/> No <input type="checkbox"/>
Student Email address:		If yes, When:

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**