

STUDENT FINANCIAL ASSISTANCE PROGRAM
Checklist

APPLICATION DUE DATE: _____ TIME _____ AM/PM

- | | |
|--|---|
| <input type="radio"/> Student Financial Assistance Application | <input type="radio"/> Voters Registration Card |
| <input type="radio"/> Official Letter of Acceptance/Enrollment | <input type="radio"/> Certificate of Indian Blood (C.I.B) |
| <input type="radio"/> Class Schedule (Semester) | <input type="radio"/> Social Security card |
| <input type="radio"/> Official College/High School Transcript | <input type="radio"/> State Issued Driver's License/I.D |

FOR CHAPTER USE ONLY / DO NOT WRITE BELOW

Application Received: _____ Received by: _____

Is the application Complete? Yes No

What was the delay? _____

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

Approved _____ Denied _____

If denied, why? _____

Amount granted: _____

Check NO. _____

Chapter Manager _____ Date _____

STUDENT FINANCIAL ASSISTANCE APPLICATION

San Juan Chapter
PO BOX 1636
Fruitland, New Mexico 87416

Term Applying For:
25__ Fall Semester
26__ Spring Semester

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

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		Email address:	
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 registered member of San Juan Chapter? Yes No If under age of 18, Verification of Parent's Voter Registration		
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 are attending: (Name, City, State)	Major:
Degree seeking: <input type="checkbox"/> Associates of Arts Degree <input type="checkbox"/> Associates of Science Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctorate of Applied Science <input type="checkbox"/> Certificate/Vocational: _____	
Name of College or University last attended:	Month & Year:
Have you received Student Financial Assistance from San Juan Chapter before: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student college email address:	If Yes, When:

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

Signature

Date

SAN JUAN CHAPTER
Financial Assistance Application

Date _____

Name _____ Phone No. _____

Address _____

Amount requested _____

Reason _____

Signature of applicant

Date

Do not write below, for Administrative use only.

Registered member of the chapter ____yes ____no Verified by: _____ Date: _____
(If student is under age of 18 years of age, a parent must be a registered voter.)

	Yes	No
Availability of Funds		
Item Budgeted		
Community Approval		
Amount Approved		

Approval:

Chapter Manager

Date

Forward to Planning Meeting: _____

Date