

CHAPTER STUDENT FINANCIAL ASSISTANCE APPLICATION PROGRAM

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

1-(505) 960-6916

____/____/____
DATE

Term(s) Applying For:

20____ Fall Semester

20____ Spring Semester

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: Female <input type="checkbox"/> Male <input type="checkbox"/>	Marital Status	Spouse's Name	No. Of Children:
Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a Registered Member of San Juan Chapter? If under age of 18, Verification of Parent's Voter Registration and list names below			Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother's Name:	Address: City/State/Zip		Tribe:	
Father's Name:	Address: City/State/Zip		Tribe:	

EDUCATION DATA

High School: (Name, City, and 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, and Sate)			Major: Type of Degree you are seeking:	
Letter of Acceptance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Degree seeking: Associates of Arts Degree <input type="checkbox"/> Associate of Science Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate of Applied Science <input type="checkbox"/>			
Name of College or University last attended:	Month & Year	Have you received Student Financial Assistance Before: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Email address:	If yes, When:			

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

Signature

Date