



SAN JUAN CHAPTER



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

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

The students 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.

Requirements to receive Student Financial Assistance are as follows and must be completed and sent to San Juan Chapter before scheduled date.

1. Student must be a registered voter of San Juan Chapter (copy of voter registration card must be submitted). There is 6 months waiting period for new member approval, however an exception will be made for students under the age of 18, provided that parent/guardian is a registered voter.
2. Student must be in good standing to qualify for future assistance, and please remember assistance is based on availability of funds. Also, student may only receive assistance once per school year.

Application due date is August 8, 2024 by 4.30 pm mountain standard.

Application and required information must be sent ALL together via email or through postage mail. Official transcripts maybe sent via email or mail.

EMAIL: sanjuan@navajochapters.org

MAIL: San Juan Chapter PO BOX 1636 Fruitland, NM 87416.

If you have any questions, please contact us at (505) 960-6916.

STUDENT FINANCIAL ASSISTANCE APPLICATION

San Juan Chapter
P.O. Box 1636
Fruitland, NM 87416
505-960-6916

Term(s) Applying For:
23__ Fall Semester
23__ Spring Semester

____/____/____
Date

PERSONAL AND FAMILY DATA

SSN: _____ | Census #: _____ | Last Name _____ | First Name _____ | Middle _____

*Current Mailing Address: (P.O. Box XXX / City / State / Zip Code) _____ | *Telephone No. _____

Permanent Home Address: (Physical Address) _____ | Telephone No. _____

*Date of Birth: _____ | Gender: _____ | Marital Status _____ | Spouse's Name _____ | No. of Children: _____
Female Male

Are you a Veteran? Yes No | *Are you a Registered Member of San Juan Chapter? Yes No
If under the age of 18, verify your parent's voter registration and list names below.

Mother's Name: _____ | Address: (P.O. Box XXX / City / State / Zip Code) _____ | Tribe Affiliation: _____

Father's Name: _____ | Address: (P.O. Box XXX / City / State / Zip Code) _____ | Tribe Affiliation: _____

EDUCATION DATA

High School: (Name / City / State / Zip Code) _____ | Month & Year of graduation or GED Certificate: _____

College Classification:
Freshman Sophomore: Junior: Senior: Graduate: Post-Graduate:

College/University you plan to attend: (Name / City / State / Zip Code) _____ | Major: Type of Degree you are seeking: _____

Letter of Acceptance: Yes No | Type of Degree seeking: Associates of Arts Associates of Science
Bachelor's Master's Doctorate of Applied Science

Name of College/University last attended: _____ | Month / Year _____ | Have you received assistance before? Yes No If yes, when? _____

Email Address: _____

Credit Hours: Are you a full-time or part-time student?
Part-time Full-time Total Credit Hours: _____

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