

## **BLACK MESA CHAPTER**

### **SCHOLARSHIP CHECK OFF FORM**

1. Chapter Scholarship Application
2. Assistant Application Request Form
3. Letter of interest
4. Copy of Social Security Card
5. Copy of C.I.B. (Certificate of Indian Blood)
6. Black Mesa Chapter Voter's Registration
7. Official Letter of Admission & Enrollment Verification
8. Official Class Schedule
9. Official Grades (If previously assisted by the chapter)
10. Receipt (If previously assisted by the chapter)

#### **Also:**

1. Applicant must be a High School graduate or must successfully have completed General Education Development (GED).
2. Applicant must be an active registered voting member of the Black Mesa Chapter, (must show proof).
3. Applicant must be officially enrolled and show proof of acceptance as a regular full time student, carrying at least twelve (12) credit hours per semester or a part time student, carrying at least six (6) credit hours per semester, (must show proof).
4. The college or university must be regionally accredited.
5. If the applicant was assisted prior, submit a copy of the official transcript for a given semester.
6. The number of participants shall depend on budget and first come, first serve basis.

**Note:** Please attach all required documents to application or application will not be accepted until all documents are attached and completed.

# Black Mesa (kits'iili) Chapter

P.O. Box 189  
Pinon, AZ 86510  
Telephone# (928) 675-0009

## Assistance Application Request From

Date: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_ Social Security No:

Address: \_\_\_\_\_

\_\_\_\_\_ Census No:

Phone#: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

### Eligibility Criteria:

1.  Requesting individual must be currently registered with the Black Mesa (kits'iili) Chapter.
2.  Form Must be completed & submitted to the Chapter Administration Office.
3.  Supporting documents such as letters, invoice, itemized expense report, etc. must be attached.
4.  Financial assistance request shall be approved depending on availability of funds.

By signing this document you agreeing that you have completed your application completely and that you are responsible for bring back your receipt(s) to Black Mesa (kits'iili) Chapter.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

↓↓↓ OFFICE USE ONLY ↓↓↓

REQUESTED BY:

\_\_\_\_\_  
Accounts Maintenance Spec.

\_\_\_\_\_  
Date

APPROVED BY:

\_\_\_\_\_  
Community Service Coord.

\_\_\_\_\_  
Date

CONCURRED BY:

\_\_\_\_\_  
Chapter Official

\_\_\_\_\_  
Date

APPROVED

DISAPPROVED

CHAPTER STUDENT FINANCIAL ASSISTANCE APPLICATION



\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

Term Applying for:  
 20\_\_ Fall Semester  
 20\_\_ Spring Semester  
 20\_\_ Summer Semester  
 A NEW APPLICATION MUST BE  
 FILED FOR EACH SEMESTER  
 OR TERM

PERSONAL AND FAMILY DATA

Legal Name: (Last, First Middle Initial)		Social Security No:		Census No:
Current mailing address while attending college: City/State/Zip				Telephone No:
Permanent Home Address: City/State/Zip				Telephone No:
Date of Birth:	Sex: F [ ] M [ ]	Marital Status:	Spouse's Name:	No. of Children:
Are you a Veteran? Yes [ ] No [ ]		Are you a registered voter of this chapter? Yes [ ] No [ ]		
Mother's Name:		Address: City/ State/ Zip		Tribe:
Father's Name:		Address: City/ State/ Zip		Tribe:

EDUCATIONAL DATA

Name of High School: (City, State)		Month & Year of Graduation or GED Certificate:		
College Classification: Freshman [ ] Sophomore [ ] Junior [ ] Senior [ ] Graduate [ ] Post-Graduate [ ]				
College/University you plan to attend: (City, State)			Major:	Type of Degree:
Letter of Acceptance? Yes [ ] No [ ]	Chapter Resolution No:		Amount Per Applicant (Budget) Approved:	
Name of College/ University last attended:		Year & Term:	Have you received Chapter Financial Assistance before? Yes [ ] No [ ]	
If yes, when?		Name of College/University:		

I certify that the information provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature) (Date)

DATE:	STATUS:	AWARD:	SCHOOL:	TERM	CHECK#:	INITIAL
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