



# Chichiltah Chapter Financial Assistance APPLICATION

Term(s) applying for:

- 20\_\_ Fall  
 20\_\_ Winter/Spring  
 20\_\_ Summer (only)

Send documents to:

Chichiltah Chapter PO Box 1436 Gallup, NM 87301

website: [chichiltah@navajochapter.org](mailto:chichiltah@navajochapter.org)

PLEASE PRINT LEGIBLY AND COMPLETE ALL APPROPRIATE INFORMATION

Date:	Applicant Name: (Last) (First) (Middle Initial) (Maiden Name)			
SSN:	Are you a Veteran: Handicapped/Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone No.(s): HM:	WK:
Mailing Address: If mailing address changes, Please contact Chichiltah Chapter immediately & provide new address				
City:	State:	Zip Code:	Email Address:	
Census No.:	Date of Birth:	Marital Status:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
No. of Dependant(s):	Parent/Guardian Name and Address:			
High School or G.E.D Center: (Name and Location)			H.S. Diploma or GED Received: Month/Year _____/_____	
Type of High School You Graduated From: (check one) <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> BIA <input type="checkbox"/> Tribal Contract <input type="checkbox"/> Secular <input type="checkbox"/> G.E.D <input type="checkbox"/> Grant				
College or University You Will Attend: (City, State, Zip)			Type of Term: (check one) <input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester	
Type of Degree you will earn while attending college (circle one)	Diploma or Certificate	Associates A.A. / A.S. / A.A.S.	Bachelors B.A. / B.S.	Masters M.A. / M.S.
Doctorate Ed.D. / M.D. / Ph.D. / J.D				
College Classification: (check one) <input type="checkbox"/> 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"/>				
Undergraduate/Graduate: (required information) Major:			Anticipated Date of Graduation: Month/Year _____/_____	
Graduates Only: (required information) Program or Department Accepted Into:			Anticipated Date of Graduation: Month/Year _____/_____	
My enrollment status will be: (please check one) <input type="checkbox"/> Undergraduate Full Time <input type="checkbox"/> Graduate Full Time <input type="checkbox"/> Part-Time (less than Full-Time) 11 credit				
Have you received a Navajo Nation Scholarship before: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when and what institution:		

**Pursuant to Chichiltah Chapter, You must Sign and Date this Contract**

If and when this application is approved, I \_\_\_\_\_ shall accept and abide by the conditions stipulated in the terms above and will be bound by the responsibilities and consequences thereof and give permission to Chichiltah Chapter to receive my transcripts and financial information, and hereby acknowledge the policies and procedures.

\_\_\_\_\_ Date

\_\_\_\_\_ Student Signature