



Tse'ii'ahi Chapter SCHOLARSHIP APPLICATION



PERSONAL INFORMATION

Name (Last, First, Middle Initial):		Social Security Number:	Census Number:
Current Mailing Address: City / State / Zip			Phone number:
Email Address:			
Date of Birth		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Are you a Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO	Registered Voter? if, under 18 provide Parent's Voter Registration Letter <input type="checkbox"/> YES <input type="checkbox"/> NO		
Mother's Name:	Address: City / State / Zip		
Father's Name:	Address: City / State / Zip		

EDUCATION INFORMATION

Name of College Attending	Address of FINANCIAL AID office (City / State / Zip code):
College Classification: <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate	
Type of Degree Seeking:	Major

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

Applicant's Signature

Date

*******For office Use Only*******

Planning Meeting Date: <input type="checkbox"/> YES <input type="checkbox"/> NO	Regular Chapter Meeting Date: <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>Date Approved</i>	<i>Check No.</i>	<i>Award Amount</i>	<i>Comments</i>



Tse'ii'ahi Chapter
 Scholarship Application
 P.O. Box 247
 Crownpoint, New Mexico 87313
 (505) 786-2247 / 2248
 Fax: (505) 786-2249



Applicant: _____

Census No. #: _____

COVER SHEET

	Date Rec'd	Initial
Scholarship Application	_____	_____
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Enrichment <input type="checkbox"/> Post Certification		
Letter of Interest (Typed)	_____	_____
Letter of Admission	_____	_____
Current Voter Registration/Verification Letter (if under the age of 18, need parent's voter registration)	_____	_____
Current Class Schedule	_____	_____
Grades/Transcript (If a continuing student, need last semester grades)	_____	_____
Certificate of Indian Blood (CIB)	_____	_____
Social Security Card	_____	_____

(DO NOT WRITE IN THIS AREA)-(OFFICIAL USE ONLY)

Date of Last Scholarship Assistance _____

**Applicants shall attend Planning AND Regular Chapter meeting to request for Scholarship.
 Application submitted must be the original copy, no Xerox, fax
will not be accepted.**