



# Tse'ii'ahi Chapter SCHOLARSHIP APPLICATION



## PERSONAL INFORMATION

Name (Last, First, Middle Initial):		Social Security Number:	Census Number:
Current Mailing Address: City / State / Zip			
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>
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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. #: \_\_\_\_\_

## COVERSHEET

	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 (Type)	_____	_____
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.**