



TOLANI LAKE CHAPTER
HC 61, PMB 3001
WINSLOW, ARIZONA 86047

PHONE #: (928) 686-3285 / 3286
FAX#: (928) 686-3287

STUDENT FINANCIAL ASSISTANCE PROGRAM Application Packet

The following documents are required before formulation of a Chapter Resolution:

- ☐ **APPLICATION** – Complete Tolani Lake Chapter Students Financial Assistance form.

Notes: _____

- ☐ **CERTIFICATE OF INDIAN BLOOD** – Original copy to verify legal enrollment with the Navajo Nation.

Notes: _____

- ☐ **NAVAJO NATION VOTER RECEIPT** – Proof of being an active registered member of Tolani Lake Chapter, and if under age of 18, you will need a Parent's verification of active registration.

Notes: _____

- ☐ **TRANSCRIPT(S)** – Official College, High School transcript, and/or GED scores. First year applicants must submit final high school transcript with date of graduation. Continuing recipients must submit an official transcript after each semester.

Notes: _____

- ☐ **LETTER OF ADMISSION** – Undergraduate and graduate students must be admitted to a postsecondary institution accredited by one of six regional accrediting associations.

Notes: _____

- ☐ **VERIFICATION OF ENROLLMENT** – To verify the number of credit hours;

- ☐ **TOLANI LAKE CHAPTER RESOLUTION** – Approved and signed certification including the student's name, social security, school attending, term and amount to be awarded.

Notes: _____

STUDENT: _____

SS#: _____

SEMESTER: _____

TOLANI LAKE CHAPTER

STUDENT FINANCIAL ASSISTANCE PROGRAM

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

- ★ Associates of Art Degree
- ★ Associates of Science Degree
- ★ Bachelor's degree
- ★ Doctorate Degree
- ★ Associates of Applied Science
- ★ Vocational Certificate or Diploma – Chartered by the Navajo Nation
- ★ Student Enrichment

All applicants must be classified, as a full-time or part-time status with a minimum of 3 or more credit hours and must be admitted to a post-secondary institution by one of six regional accrediting associations:

- ★ MSACS – Middle States Association of Colleges and School
- ★ NEASC – New England Association of Schools and Colleges
- ★ NCACS – North Central Association of Colleges and Schools
- ★ NASC – Northwest Association of Schools and Colleges
- ★ SACS – Southern Association of Schools and Colleges
- ★ WASC – Western Association of Schools and Colleges
- ★ Other accrediting associations, which have specialized areas, like architecture.
- ★ Vocational Institutions chartered by the Navajo Nation.
- ★ Student Enrichment

Deadline for applicants applying for Chapter Student Financial Assistance are as follows:

- | | |
|-------------------|-------------------|
| ★ Fall Semester | August 30, 20xx |
| ★ Winter Semester | December 30, 20xx |
| ★ Summer Session | May 31, 20xx |

Disbursements are issued according to the following enrollment status:

<u>Enrollment</u>	<u>Full Time</u>	<u>Part Time</u>	<u>Others</u>
University (4yr Institution)	\$800.00/Semester	\$500.00/Semester	
Community College (2yr Institution)	\$700.00/Semester	\$300.00/Semester	
Student Enrichment			\$300.00/Fiscal Year
Vocational			\$500.00/Fiscal Year

NOTE: Scholarship check(s) will be mailed to the Student's CURRENT address that is shown on the application form.

TOLANI LAKE CHAPTER FINANCIAL ASSISTANCE PROGRAM

TOLANI LAKE CHAPTER
HC-61, PMB 3001
Winslow, Arizona 86047
Phone: (928) 686-3285/3286
Fax: (928) 686-3287

Date: _____

Terms Applying For:

Fall Semester ☐
Fall Quarter ☐

Spring Semester ☐
Winter Quarter ☐

Summer Semester ☐
Spring Quarter ☐

PERSONAL AND FAMILY DATA:

SSN:		C#:	Legal Name: (Last, First, Middle Initial)	
Current Mailing Address: City/State/Zip			Telephone No.:	
Permanent Home Address: City/State/Zip			Telephone No.:	
Date of Birth:	Sex:	Marital Status:	Spouse's Name:	No. of Children
Are You a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are You A Registered Member of Tolani Lake Chapter?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother's Name:		Address: City/State/Zip		Tribe:
Father's Name:		Address: City/State/Zip		Tribe:

Part-Time Full-Time EDUCATION DATA:

High School: (Name, City, State)		Month & Year of Graduation or GED Certificate:	
College Classification: 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"/>			
College or University you plan to attend: (Name, City, State)		Major:	Type of Degree you are seeking?
Letter of Acceptance? No <input type="checkbox"/> Yes <input type="checkbox"/>		Chapter Resolution: No <input type="checkbox"/> Yes <input type="checkbox"/>	Amount of Request: \$
Name of College or University last attended:		Month & Year	
Have you received a Chapter Scholarship before? No <input type="checkbox"/> Yes <input type="checkbox"/>		If Yes, When?	Institution:

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

Signature

Date

DATE	STATUS	AWARD	FALL	WINTER	SPRING	SCHOOL	AMOUNT

The Tolani Lake Chapter is investing in your education and self-improvement with the expectation that the student upon successful completion of their education will become a contributing member of the community and society. It is in this interest that the chapter will retain the following information on the student:

Section 1.01

Section 1.02

STUDENT FACT SHEET:

Career Objective: _____

Expected Date of Completion: _____

Sources of *other* Financial Assistance: _____

Registered voter? If Yes; Which chapter? _____

Statement of personal goals and objectives: _____