KAYENTA CHAPTER
POLICIES AND PROCEDURES FOR
SCHOLARSHIP AND FINANCIAL ASSISTANCE

Purpose

The purpose of the Kayenta Chapter Financial Assistance is to help defray necessary expenses while attending a college or university.

Eligibility:

1. **Application:** The applicant must fill out Chapter Student Financial Assistance Application and a Financial Assistance Request Application. Also, submit ALL required documents for consideration.

2. **Voter Registration:** The applicant shall be a registered voter of Kayenta chapter. You must be registered for **three months** prior to applying for Chapter Student Financial Assistance. A copy of the voter registration must be submitted. An individual may not be a member of more than one Chapter.

3. **Original copy of the Letter of Acceptances or Verification Letter of Enrollment:** Undergraduate and graduate students must be OFFICIALLY and FULLY admitted to a post-secondary institution accredited by one of regional accredited agencies as recognized by the Navajo Nation. The graduate applicant must submit a regular Letter of Admission from the Graduate Degree Programs and Graduate School. A Letter of Admissions shall be submitted for the semester for which the financial assistance is being requested

4. **Transcript(s):** Official transcript(s) from previous term for college or university. Official High School transcript for first time/new student enrollment. The applicant needs to submit the official documents with each request made.

5. **Copy of Social Security Card**: A copy of original card to verify legal name of the applicant

6. **Copy of Certificate of Indian Blood:** A copy of the original/official sealed verifying legal Navajo Nation enrollment**.**

7. **Validation with School:** The Chapter Coordinator makes Validation with registration or admission office for an actual enrollment. Then, the Chapter administration processes the appropriate form for direct payment by Chapter Coordinator and co-signed by one Chapter Official before assistance is made.

8. **Credit Hours and Regional Accrediting Association:** The Student must be enrolled as a full or part-time student with a minimum of six (6) credit hours, a minimum G.P.A of 2.5 and be admitted to an accredited college or university by one of the following regional accrediting association:

- NEASC- New England Association of Schools and Colleges
- NCA- North Central Association of Colleges and Schools
- NASC- Northwest Association of Schools and Colleges
- SACS- Southern Association of Colleges and Schools
- WASC-Western Association of Schools and Colleges
- The appropriate accrediting association for highly specialized majors including, but not limited to the National Architectural Accrediting Board for Schools of Architecture.
- Vocational Institutions Chartered by the Navajo Nation.
- Other Schools that are also eligible: NAU, ASU, U of A, NPC, Mesa Community, Fort Lewis College, BYU

9. **Type of degree, Certificate or Diploma:** The Chapter Student Financial Assistance Program Assists who are in pursuit of a degree in one of the following:

Associates of Arts Degree	Bachelor's Degree
Associates of Science Degree	Master's Degree
Associates of Applied Science	Doctorate Degree
Vocational Certificate or Diploma	

Amount: Based on the Chapter Budget Allocations and availability of funds.
          Cap amount for Full Time Students $1000.00
          Cap amount for Part- Time Students $500.00

Terms: Applicants can apply each semester with all pertaining documents required.

Deadline:

Fall Term	September 30	Application with required documents
	October 31	Last documents to submit
Winter/Spring	February 28	Application with required documents
	March 31	Last documents to submit
Summer	June 30	Application with required documents
	July 31	Last documents to submit

KAYENTA CHAPTER
STUDENT FINANCIAL ASSISTANCE PROGRAM

Term Applying For:
20____ **Fall Semester**
20____ **Winter/ Spring Semester**
20____ **Summer Semester**

PO BOX 1088, Kayenta, AZ 86033
Phone: (928)697-5520
Email: kayenta@navajochapters.**org**

PERSONAL AND FAMILY DATA

Social Security #:	Census:	Legal Name: (Last, First, Middle Initial, Sr. /Jr.)		
Current Mailing Address: City/State/Zip Code)			Telephone #:	
Permanent Home Address: (City/State/Zip Code)			Telephone #:	
Date of Birth:	Gender	Marital Status:	Spouse's Name:	Number of Children:
Veteran: YES____ NO ___ Branch:		Are you, a parent, or a guardian registered with the Chapter? If Yes, who?		
Mother's Name:	Address: (City/State/Zip Code)		Tribe:	
Father's Name:	Address: (City/State/Zip Code)		Tribe	

EDUCATIONAL DATA

High School: (Name, City, State)	Month & Year of High School or GED Graduation:
College Classification: Freshman:_____ Sophomore:_____ Junior:_____ Graduate:_____ Post Graduate:_____	
Trade School, College, or University you plan to attend: (Name, City, State)	
Type of Degree, Certificate, or Apprenticeship you are seeking	Anticipated Date of Graduation:
Name and Dates of Trade School, College, or University last attended:	
Have you received any chapter financial assistance before	If Yes, When and for what school?

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

_____   _____
Signature   **Date**
A NEW CHAPTER STUDENT FINANCIAL ASSISTANCE APPLICATIONWITH UPDATED
INFORMATION SHOULD BE SUBMITTED EACH SEMESTER

FOR KAYENTA CHAPTER ADMINISTRATION USE ONLY						
Date Received	**Staff Initial**	**Original copy(s)**		**Date Received**	**Staff Initial**	**Xeroxed Copy(s)**
Date of Validation of School Enrollment or Attendance:				**School Official Contacted:**		

KAYENTA CHAPTER SCHOLARSHIP
FINANCIAL ASSISTANCE REQUEST APPLICATION

DATE: _____

NAME: _____ PHONE: (_____)_____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

CENSUS NUMBER: _____

SCHOLARSHIP WILL BE USED FOR: _____

_____

REGISTERED MEMBER OF THE KAYENTA CHAPTER _____ YES _____ NO

_____   _____
Signature of Applicant   Date

(Note: Any financial assistance request is based on availability of funds and budgetary for the current year.)

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APPROVAL: _____ ACCOUNT #: _____ CHECK #: _____

DISAPPROVAL: _____ REASON: _____

_____   _____
Chapter Manager   Date