



**KAYENTA CHAPTER
STUDENT EDUCATIONAL FINANCIAL ASSISTANCE
CHECKLIST OF REQUIRED DOCUMENTS**



Dear Applicant:

The following documents are required. Please make sure all your documents are submitted as a complete packet. Missing documents will be returned.

Kayenta Chapter Student Financial Assistance Application
Copy of Student Social Security Card
Copy of State Issued Driver's License or State Issued ID
Copy of Certificate of Indian Blood
Copy of Navajo Nation Voter's Registration Card (Must have been registered for more than three months)
Copy of letter of Acceptance for incoming Freshmen students only
Copy of Verification of enrollment for the semester the student is requesting for assistance
Copy of Official Transcript/E-transcript with sealed stamp to show applicant's accumulative G.P.A. *Incoming Freshmen will need to provide high school transcript. All other students shall provide transcript from last college/vocational institution attended
Copy of Class schedule
Signed letter of Commitment
Signed Student Acknowledgement Form

Applications will be received for the following semesters. Please note that assistance shall be made on availability of funds and awarded once every fiscal year.

Fall Term:	August 1 st to August 31 st
Spring Term:	January 1 st to January 31 st
Summer:	June 1 st to July 19 th



**KAYENTA CHAPTER
STUDENT EDUCATIONAL FINANCIAL APPLICATION**



Term Applying For:

20__ Fall Semester

20__ 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.)	
Permanent Mailing Address: City/State/Zip Code)				Telephone #:	
Email Address				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



STUDENT EDUCATIONAL FINANCIAL ASSISTANCE LETTER OF COMMITMENT



Dear Kayenta Chapter Administration,

This is to inform you that if I am awarded from the Student Educational Financial Assistance Fund, I will participate in two of the following chapter-sponsored events within the current fiscal year.

<input type="checkbox"/>	Community Thanksgiving Dinner
<input type="checkbox"/>	Community Christmas Dinner
<input type="checkbox"/>	Just Move It Event
<input type="checkbox"/>	Other Chapter sponsored event

Sincerely,

Student Signature

Today's Date

Student Name

Student Phone number

Student Email Address

Student Address



**STUDENT EDUCATIONAL FINANCIAL ASSISTANCE
STUDENT ACKNOWLEDGEMENT FORM**



DATE: _____

STUDENT NAME: _____ PHONE: (_____) _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

CENSUS NUMBER: _____ FULL TIME STATUS _____ PART TIME STATUS _____

SCHOLARSHIP WILL BE USED FOR: _____

- I received and read a copy of the Kayenta Chapter Student Educational Financial Assistance Policy and Procedures.
- I verify that I am a registered voter of the Kayenta Chapter for more than three months.
- I understand that if awarded, I can only be assisted once every fiscal year.
- I understand that I have to participate in two Chapter-sponsored events.
- I understand that I withdraw from any of my class (es), I will not be eligible reapply until after the class(es) have been completed.

Signature of Applicant

Date

APPROVAL: _____ ACCOUNT #: _____ CHECK #: _____

DISAPPROVAL: _____ REASON: _____

Chapter Manager

Date



**STUDENT EDUCATIONAL FINANCIAL ASSISTANCE
AUTHORIZATION FOR RELEASE OF INFORMATION**



DATE: _____

STUDENT NAME: _____ PHONE: (_____) _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

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- I authorize Kayenta Chapter to obtain information regarding school records pertaining to my school grades, transcripts, and verification of student enrollment.
 - I understand that Kayenta Chapter will regard all information as confidential and privileged and will be used for the sole purpose of assisting me with student educational financial assistance with Kayenta Chapter.
 - This release of information shall only be effective for 3 months from the time I signed the release of information.

Signature of Applicant

Date