

Office of Navajo Nation Scholarship & Financial Assistance

Full-Time Application



Term(s) applying for:

20___ Fall/Academic Year (due June 25)
Applications submitted before June 25
will cover the entire academic year.

Spring / Winter (due Nov. 25)
Applications submitted after June 25 will cover the Spring/Winter Term only.

Are you a Veteran?	# Fax #
ONNSFA Crownpoint Agency; PO Box 1080; Crownpoint, NM 87313 1-866-254 ONNSFA Ft. Defiance Agency; PO Box 1870; Window Rock, AZ 86515 1-800-243. ONNSFA Shiprock Agency; PO Box 1349; Shiprock, NM 87420 1-866-223. ONNSFA Tuba City Agency; PO Box 370; Tuba City, AZ 86045 1-866-839. Date: Applicant Name: (Last) (First) (Midding Address: If mailing address changes, please contact ONNSFA immediately and provide new address City: State: Zip Code: E-Mail Address: City: State: Zip Code: E-Mail Address: Census No.: Date of Birth Marital Status No. of Dependent(s): Chapter House Affiliation (REQUIRED INFORMATION) Are you a Veteran? High School or G.E.D. Center: (Name & Location) Chapter House Affiliation (REQUIRED INFORMATION) Are you a reg (Circle High School or G.E.D. Center: (Name & Location) Type of degree you will earn while A.A.S./B.A.S. A.A. / A.S. / A.A.S. B.A. / B.S. M.A. College Classification: (Check One) Freshman Sophomore Junior Senior Undergraduate / Graduate / Graduat	-9269 928-674-2331
ONNSFA Shiprock Agency; PO Box 1349; Shiprock, NM 87420 ONNSFA Tuba City Agency; PO Box 370; Tuba City, AZ 86045 Date: Applicant Name: (Last) (First) (Middle Control of Control of Control on Control of Contro	
Date: Applicant Name: (Last)	-2956 928-871-6561
Date: Applicant Name: (Last)	
Are you a Veteran? Are you Handicapped/Disabled? Yes No No Mailing Address: If mailing address changes, please contact ONNSFA immediately and provide new address City: State: Zip Code: E-Mail Address: Census No.: Date of Birth Marital Status No. of Dependent(s): Chapter House Affiliation (REQUIRED INFORMATION) Are you a reg (Circle High School or G.E.D. Center: (Name & Location) College or University You Will Attend: (Name, City, State, Zip) Type of degree you will earn while attending college: (Circle One) College Classification: (Check One) Undergraduate / Graduate: (REQUIRED INFORMATION) Major: Graduates ONLY: (REQUIRED INFORMATION) My Enrollment Status will be: (Check One) Wy Enrollment Status will be: (Check One) Wy Enrollment Status will be: (Check One) We South And Confidence of Con	-8151 928-283-3215
Are you Handicapped/Disabled? Yes No	dle Initial) (Maiden Name)
City: State: Zip Code: E-Mail Address: Census No.: Date of Birth Marital Status No. of Dependent(s): Chapter House Affiliation (REQUIRED INFORMATION) Chapter House Affiliation (REQUIRED INFORMATION) High School or G.E.D. Center: (Name & Location) H.S. Diploma Month / Year College or University You Will Attend: (Name, City, State, Zip) Type of Selection Online Type of degree you will earn while attending college: (Circle One) A.A.S./B.A.S. A.A. / A.S. / A.A.S. B.A. / B.S. M.A. College Classification: (Check One) Freshman Sophomore Junior Senior Department Accepted Info: Month / Year Undergraduate / Graduate: (REQUIRED INFORMATION) Major: Month / Year Graduates ONLY: (REQUIRED INFORMATION) Month / Year My Enrollment Status will be: (Check One) Undergraduate Full-Time Graduate you received a Navajo Nation Yes No OFFICE USE ONLY OFFICE USE ONLY	Home: Mobile:
Census No.: Date of Birth Marital Status No. of Dependent(s): Are you a reg (Circle of Circle of Circl	
Dependent(s): Chapter House Affiliation (REQUIRED INFORMATION) Are you a reg (Circle of High School or G.E.D. Center: (Name & Location) H.S. Diploma Month / Year	
High School or G.E.D. Center: (Name & Location) H.S. Diploma Month / Year College or University You Will Attend: (Name, City, State, Zip) Type of degree you will earn while attending college: (Circle One) A.A.S./B.A.S. College Classification: (Check One) Freshman Sophomore Junior Senior Undergraduate / Graduate: (REQUIRED INFORMATION) Major: Graduates ONLY: (REQUIRED INFORMATION) Program or Department Accepted Into: My Enrollment Status will be: (Check One) Have you received a Navajo Nation Scholarship before? (Check One) OFFICE USE ONLY	Gender: Male Female
College or University You Will Attend: (Name, City, State, Zip) Type of degree you will earn while Certificate/ Associates: Bachelors: Master attending college: (Circle One) A.A.S./B.A.S. A.A. / A.S. / A.A.S. B.A. / B.S. M.A. College Classification: (Check One) Freshman Sophomore Junior Senior Undergraduate / Graduate: (REQUIRED INFORMATION) Anticipat Month / Y Major: Graduates ONLY: (REQUIRED INFORMATION) Anticipat Month / Y M	gistered voter of the Navajo Nation? One) Yes No
Online Type of degree you will earn while attending college: (Circle One) A.A.S./B.A.S. A.A. / A.S. / A.A.S. B.A. / B.S. Master A.A. / A.S. / A.A.S. B.A. / B.S. M.A. A.A. / A.S. / A.A.S. B.A. / B.S. M.A. M.A. Sophomore Junior Senior Undergraduate / Graduate: (REQUIRED INFORMATION) Major: Anticipat Month / Y. Graduates ONLY: (REQUIRED INFORMATION) Program or Department Accepted Into: Month / Y. My Enrollment Status will be: (Check One) Undergraduate Full-Time Graduate yeredit hours or more OFFICE USE ONLY	a or G.E.D. Received: :
Type of degree you will earn while attending college: (Circle One) A.A.S./B.A.S. College Classification: (Check One) Freshman Sophomore Junior Senior Undergraduate / Graduate: (REQUIRED INFORMATION) Major: Graduates ONLY: (REQUIRED INFORMATION) Program or Department Accepted Into: My Enrollment Status will be: (Check One) Have you received a Navajo Nation Scholarship before? (Check One) OFFICE USE ONLY Master A.A/A.S. Bachelors: B.A./B.S. M.A. Anticipat Month / Y Undergraduate Full-Time 12 credit hours or more OFFICE USE ONLY	of Term (Circle One) mester Quarter Trimester
A.A.S./B.A.S. A.A. / A.S. / A.A.S. B.A. / B.S. M.A. College Classification: (Check One) Freshman Sophomore Junior Senior Undergraduate / Graduate: (REQUIRED INFORMATION) Anticipat Major: Month / Y Graduates ONLY: (REQUIRED INFORMATION) Anticipat Month / Y Program or Department Accepted Into: Undergraduate Full-Time Graduate 12 credit hours or more Graduate Have you received a Navajo Nation Yes No No OFFICE USE ONLY	Institution (Circle One) Yes No
Undergraduate / Graduate: (REQUIRED INFORMATION) Major: Graduates ONLY: (REQUIRED INFORMATION) Program or Department Accepted Into: My Enrollment Status will be: (Check One) Have you received a Navajo Nation Scholarship before? (Check One) OFFICE USE ONLY Anticipat Month / Y Month / Y Indergraduate Full-Time 12 credit hours or more OFFICE USE ONLY	rs: Doctorate: / M.S. Ed.D / M.D. / Ph.D. / J.
Major: Graduates ONLY: (REQUIRED INFORMATION) Program or Department Accepted Into: My Enrollment Status will be: (Check One) Have you received a Navajo Nation Scholarship before? (Check One) OFFICE USE ONLY Month / Y Month /	Graduate Post-Graduate
Program or Department Accepted Into: My Enrollment Status will be: (Check One) Undergraduate Full-Time 12 credit hours or more Have you received a Navajo Nation Scholarship before? (Check One) Yes No OFFICE USE ONLY	ed Date of Graduation: 'ear
Have you received a Navajo Nation Scholarship before? (Check One) Yes No OFFICE USE ONLY	ed Date of Graduation: /ear
Scholarship before? (Check One) Scholarship before? (Check One) OFFICE USE ONLY	uate Full-Time t hours or more
Date Status Code Fund Code Award Fall Winter Spring School	
	Term Initial Initia

Office of Navajo Nation Scholarship & Financial Assistance

Policies & Procedures

Applicants need to submit the following documents to determine eligibility on/or before deadline dates:

Term	Deadline Date	Documents Needed
Academic Year (Fall, Winter and/or Spring)	June 25	Application, CIB, Letter of Admission (Enrollment Verification), FNA, Transcripts are all due.
Winter and/or Spring Terms only	November 25	Application, CIB, Letter of Admission (Enrollment Verification), FNA, Transcripts are all due.

Report any changes in status including marital status, name, income, enrollment or withdrawal and transfer status to ONNSFA.

If and when this application is approved, I will abide by all ONNSFA policies and give permission to the ONNSFA to receive my transcripts and financial aid information:

Student Signature:		Date:	
	(REQUIRED)		

NOTE: A full copy of the ONNSFA Policies & Procedures may be found at www.onnsfa.org under the Documents tab.