

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. **Copy of Driver's License or College I.D. card:** A copy of original card to verify legal name of the applicant

9. **Copy of Class Schedule** The Student must be enrolled as a full or part-time student with a minimum of six (6) credit hours

10. **Student Acknowledgement of Chapter's Student Scholarship Fund Policy and Procedures**

11. **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

12. **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 \$500.00
Cap amount for Part- Time Students \$250.00

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

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



KAYENTA CHAPTER STUDENT FINANCIAL ASSISTANCE PROGRAM



PO BOX 1088, Kayenta, AZ 86033

Phone: (928)882-1110

Email: kayenta@navajochapters.org

Term Applying For:

- 20__ Fall Semester
- 20__ Winter/ Spring Semester
- 20__ Summer Semester

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 APPLICATION WITH 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.)

APPROVAL: _____ ACCOUNT #: _____ CHECK #: _____

DISAPPROVAL: _____ REASON: _____

Chapter Manager

Date