

Klagetoh Chapter

Unit 42 HC58 Box 90 - Ganado, AZ 86505
Phone: (928) 652-2700 / Fax: (928) 652-2701

Financial Assistance Program for Education

Student Name: _____
Email Address: _____

Student Age: _____

Please Check:

New Applicant:

- | | |
|--|--|
| <input type="checkbox"/> Scholarship Application | <input type="checkbox"/> Admissions Letter/Acceptance Letter |
| <input type="checkbox"/> Chapter Scholarship Agreement | <input type="checkbox"/> Official Transcript (last school attended) |
| <input type="checkbox"/> Certificate of Indian Blood | <input type="checkbox"/> Class Schedule |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> W-9 (current year) |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> Navajo Nation Voter Card (can verify with NN Voter Registrar) |

Continuing Applicant:

- | | |
|--|--|
| <input type="checkbox"/> Scholarship Application | <input type="checkbox"/> Official Transcript (previous semester) |
| <input type="checkbox"/> Chapter Scholarship Agreement | <input type="checkbox"/> Class Schedule |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> W-9 (current year) |

**ALL DOCUMENTS NEED TO BE SIGNED AND SUBMITTED TO BE CONSIDERED FOR SCHOLARSHIP
NO EXCEPTIONS!**

TO BE FILLED OUT BY CHAPTER ADMINISTRATION ONLY

Date Received: _____ Received by: _____

Is the Student an enrolled member of Klagetoh Chapter? Yes No

Name of Parent(s)/Guardian: _____

ADMINISTRATION ACKNOWLEDGEMENT:

Signature/Title Date

APPROVAL AUTHORITY

APPROVED: DISAPPROVED: GPA: _____

Comments: _____

Signature/Title Date

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Scholarship Application

Term Applying For: Fall 20 _____ Summer 20 _____ Spring 20 _____				
PERSONAL AND FAMILY INFORMATION				
Last Name:	First Name:	MI:	Social Security No.	Census No.
Phone (Hm/Cell):		Phone (msg):		
Mailing Address:		Email Address:		
		City:	State:	Zip Code:
Date of Birth:	Gender: O Male O Female	Marita Status:	Spouse Name: Dependents:	
Veteran: O Yes O No Branch:		Chapter Affiliation:	Registered Voter: O Yes O No	
Parent/Guardian Name:		Address:		Tribal Affiliation:
EDUCATIONAL INFORMATION				
High School or GED: (Name/City/State/Zip)			Month & Year Graduated	
College Or University you will attend:			Type of Degree You will earn:	
College Classification: (Check One) O Freshman O Sophmore O Junior O Senior O Graduate O Post Graduate		Email Address (sch):		
UNDER GRADUATES ONLY: (Required Informaiton) Major:		Anticipated Date of Graduation: Month/Year		
GRADUATES ONLY: Major:		Anticipated Date of Graduation: Month/Year:		
School (High School / College / University)		Month/Year		
Have You received a Klagetoh Financial Assistance Scholarship before: O Yes O No				
If yes when:		Institution:		

Klagetoh Chapter will provide scholarship based on a complete packet mailed or submitted to Klagetoh Chapter House. Scholarship will be based on enrollment status and paid out according to scholarship agreement. All financial will be mailed directly ro the college/university/trade schools' financial aid office. **NO EXCEPTIONS!**

I certify that this information is accurate to the best of my knowledge. I understand that scholarships are awarded at the discretion of the Scholarship Committee. I hereby, give the Committee permission to contact my school or may reference for verification of this information. I understand that I must meet all the criteria in order to be considered.

Signature: _____ Date: _____

KLAGETOH CHAPTER STUDENT FINANCIAL ASSISTANCE Policies, Procedures, and Contract

This agreement is made and entered in to the academic school year as indicated on the Student's Financial Assistance Application. An agreement with Klagetoh Chapter's authorization, the student is making an agreement, by and between the Klagetoh Chapter, herein after called the Chapter, and the Applicant, herein called the Recipient.

A. Student Responsibilities

1. Applicant shall fill out an application accurately and completely, including correct entries on name and addresses; contact number (preferably college campus number); submit all application with supporting documents by deadline.

1) Deadlines for student financial assistance:

Fall Semester	August 29, 2019
Spring Semester	January 16, 2020

2. The applicant must submit the following by the semester deadline in order to qualify for financial assistance.
 - a) Accurate and complete student financial assistance application
 - b) Accurately complete and signed financial assistance agreement
 - c) Social Security Card
 - d) Certificate of Indian Blood
 - e) Registered voter card needs to be active within last six months of application date.
 - f) Official high school or college transcript required.
 - g) Semester Class Schedule
 - h) Letter of Admission or Acceptance
3. The applicant must have and understanding that there is student financial assistance application review and all incomplete applications are the first to go (about 50%). Students must pay attention to details and review applications before submitting it to the administration office.
 - a) Each applicant must be aware of all student financial assistance information disseminated by the Chapter, including opening and closing dates, chapter meeting and any other deadlines likely to be posted on bulletin board, announced at chapter meeting and through radio announcement.
 - b) Make sure the application is filled-out entirely and has all supporting documents attached, if incomplete, the application will be cancel out.
 - c) Make sure the Chapter staff log in, stamp in receiving date, and initial the applications before deadline.
 - d) Each application is responsible for proper submittal of their application, and not to depend on third party to act on their behalf, including the Chapter Staff or Officials, this means filling out application and making phone calls. Most of all, hot to expect the Chapter Staff and/or Chapter Officers to contact them.

B. Chapter Staff Responsibilities

1. The Chapter staff will do the following:
 - a. To do a Public Announcement on the student financial assistance availability at least two weeks before the deadline for submittal of applications.
 - b. To disseminate pertinent information, such as opening and closing dates, scholarship requirements, chapter meeting dates, and approval/disapproval decisions.
 - c. To safe guard all applicants records are kept confidential and all placed in their personal folders in a closed cabinet.
 - d. The Chapter Manager will review applicants with the assigned financial assistance committee and they will evaluate the applications to make sure all supporting documents are attached, and that the students has met the Grade Point Average (GPA) status required by the Klagetoh Chapter.
 - e. The Chapter staff will notify applicants by letter, of approval or disapproval according to Student Financial Assistance Policies and Procedures, and the reviewing committee (consistent of Chapter Administration and three non-political individuals appointed for two year terms by Chapter membership) determines that the applicant meet the qualification and requirements or not. The applicant can re-apply for the next semester: however, the application will again be subject to financial assistance review.

I, _____ have read the Klagetoh Chapter Student Financial Assistance Agreement and the Chapter Administration has reviewed the Chapter Student Financial Assistance application on _____ day of _____, 20____ at a student orientation set by the Chapter Administration, and I fully understand the terms and conditions as set forth in Chapter Student Financial Assistance Agreement, and I will comply with the terms as stated in the Klagetoh Chapter Student Financial Policies and Procedures.

Name of Student

Date

Student's signature

Name of Chapter Manager/Coordinator

Date

Chapter Manager/Coordinator's Signature