

# Klagetoh Chapter

Unit 42 HC 58 Box 90 - Ganado, AZ 86505  
Phone: (928) 652-2700 / Fax: (928) 652-2701

## Financial Assistance Program for Education

Student Name: \_\_\_\_\_

Student Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

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"/> Class Schedule  |
| <input type="checkbox"/> Chapter Scholarship Agreement           | <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) |
| <input type="checkbox"/> Official Transcript (previous semester) |  |

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

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### 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

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### APPROVAL AUTHORITY

APPROVED:  DISAPPROVED:  GPA: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature/Title Date

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# Scholarship Application

<b>Term Applying For:</b> <b>Fall 20</b> _____ <b>Summer 20</b> _____ <b>Spring 20</b> _____				
<b>PERSONAL AND FAMILY INFORMATION</b>				
Last Name:	First Name:	MI:	Social Security No.	Census No.
Phone (main):		Phone (msg):		
Mailing Address:		City:	State:	Zip Code:
Personal Email Address:				
Date of Birth:	Gender: O Male    O Female	Marital Status:	Spouse's Name: (if applicable)	
Veteran: O Yes   O No Branch:		Chapter Affiliation:	Registered Voter: O Yes   O No	
Parent/Guardian Name: (if under 18)	Parent/Guardian Address: if under 18)		Tribal Affiliation:	
<b>EDUCATIONAL INFORMATION</b>				
High School or GED: (Name/City/State/Zip)			Month & Year Graduated	
College Or University you will attend:			Degree you will earn:	
College Classification: (Check One) O Freshman    O Sophomore    O Junior    O Senior    O Graduate    O Post Graduate				
School Email Address:				
UNDERGRADUATES ONLY: (Required Informaiton) Major:			Anticipated Date of Graduation: Month/Year	
GRADUATES ONLY: (Required Information) Major:			Anticipated Date of Graduation: Month/Year:	
Have you received a Klagetoh Financial Assistance Scholarship before:   O Yes   O No				
If yes when:		Institution:		

In order to be considered for a financial aid scholarship a completed packet must be mailed or submitted to Klagetoh Chapter House on or before the deadline. Scholarship award amounts will be based on the student's enrollment status and will be paid out according to the scholarship agreement.

I certify that this information is true and 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 for verification of the information contained in this application. 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. The applicant shall fill out an application accurately and completely, including correct entries on name and addresses; contact number (preferably college campus number); and submit the application with the supporting documents by the deadline.

Deadlines for student financial assistance:

Fall Semester	<b>September 8, 2023</b>
Spring Semester	<b>January 26, 2024</b>

2. The applicant must submit the following by the semester deadline in order to qualify for financial assistance.
  - a) Completed student financial assistance application
  - b) Completed 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 understand that there is a 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 for completeness before submitting it to the chapter 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 dates and any other deadlines likely to be posted on the bulletin board, announced at chapter meetings, and/or through radio announcements.
  - b) Make sure the application is filled out entirely and has all supporting documents attached, if incomplete, the application will be rejected.
  - c) Make sure that the chapter staff log in, stamp the receiving date, and initial the applications before the deadline.
  - d) Each applicant is responsible for the proper submittal of their application and should not depend on a third party to act on their behalf, this includes the Chapter Staff or Officials (i.e., filling out an application or making phone calls). Most of all, not to expect the

Chapter Staff and/or Chapter Officers to contact them in the event of an incomplete application.

- e) If an applicant is unavailable to come to the Chapter Administration Office, they may assign a representative to communicate on their behalf. A written, signed, and dated document authorizing the person to act on their behalf is required.
- f) Applicant must report any changes in their enrollment status, withdrawals or transfers, before applying for financial aid for the next semester.
- g) Although, it is not a requirement for the recipient to come before the Chapter membership, the recipient may come before the Planning meeting or the Regular Chapter meeting to acknowledge acceptance of the financial assistance award.

#### 4. ACADEMIC STANDARDS:

- a) Undergraduate Applicants: The applicant shall be a full-time undergraduate student earning no less than 12 credit hours per semester. With a Grade Point Average (GPA) of 3.0 on a scale of 4.0 at the end of a regular semester or quarter, or if funds are available; no less than 6 credit hours per semester with a GPA of 2.5 at the end of each summer session.
- b) Graduate Students: The graduate applicant shall be a full-time student earning not less than 12 credit hours per semester. With a Grade Point Average (GPA) of no less than 3.0 on a scale of 4.0 at the end of regular semester or quarter, or if funds are available, no less than 6 credit hours per semester with a GPA of 2.5 at the end of each summer session.

#### 5. SUSPENSION OR TERMINATION

- a) An applicant may become ineligible for the following conditions: withdrawal from school, failure to submit official transcripts, failure to complete the semester, quarter, or trimester, and failure to vote within the last tribal election.
- b) The student that is awarded funds must use it specifically for educational expenses and any other use shall warrant suspension and repayment of awarded funds, this includes early withdrawal from school.

#### 6. STUDENT FINANCIAL ASSISTANCE AWARDS (Amended 2/23/2014)

- a) The applicant understands that scholarship award are as follows:  
Full time under graduate students = \$500.00 per semester
- b) If funds are available:  
Part-time students = \$250.00 per semester  
Masters/Doctoral Degrees = \$1000.00 per semester

#### B. Chapter Staff Responsibilities

- 1. The Chapter staff will do the following:

- a) Make 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) Safe guard all applicant's records, these are kept confidential and placed in a personal folder contained 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 have met the Grade Point Average (GPA) 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. The reviewing committee (Chapter Administration and three non-political individuals appointed for two-year terms by the Chapter membership) will determine whether or not the applicant meets the qualifications and requirements. The applicant can reapply for the next semester; however, the application will again be subject to a 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. I fully understand the terms and conditions as set forth in Chapter Student Financial Assistance Agreement and I will fully comply with the terms as stated in the Klagetoh Chapter Student Financial Policies and Procedures.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CSC Name

\_\_\_\_\_  
CSC Signature

\_\_\_\_\_  
Date