



**WHITE ROCK LOCAL GOVERNMENT
SCHOLARSHIP APPLICATION**
P.O. Box 660
Crownpoint, New Mexico 87313
PHONE: (505) 786-2444 FX: (505) 786-2097

Term Applying For:	
20 _____	Fall Semester
20 _____	Spring Semester
20 _____	Fall Quarter
20 _____	Winter Quarter
20 _____	Spring Quarter
20 _____	Summer Session(s)

_____ Date:

PERSONAL AND FAMILY DATA

COMPLETE ALL BLANKS (WRITE N/A IF NOT APPLICABLE)

SSN:	C#	Legal Name: (Last)	(First)	(Middle Initial)
Current Mailing Address: City / State / Zip				Telephone No.:
Permanent Home Address: City / State / Zip				Telephone No.:
Date of Birth:	Sex: Male () Female ()	Marital Status:	Spouse's Name:	Are you a Veteran: Yes () No ()
Chapter Affiliation:		Registered with Chapter? Yes () No ()		
Mother's Name:	Address: City / State / Zip			Tribe:
Father's Name:	Address: City / State / Zip			Tribe:

EDUCATION DATA

High School: (Name, City, State)	Month & Year of Graduation or GED Certificate:
College Classification: Freshman: () Sophomore: () Junior: () Senior: ()	
College or University you plan to attend (Name, City, State)	Type of Degree you are seeking:
UNDERGRADUATES ONLY: Major	Month & Year to Graduate:
GRADUATES ONLY: College / Department accepted into:	Major:
Name of College or University last attended:	Month & Year

I Certify that the information provided is correct to the best of my knowledge.

Signature: _____ Date: _____