



White Rock Local Government
 PO Box 660 Crownpoint, NM 87313
 Ph: 505-786-2444 Fx: 505-786-2447
 Email: whiterock@navajochapters.org

Student Name _____
 Mailing Address _____

 School Name _____
 Mailing Address _____

 Student ID# _____

Date _____
 Phone _____
 Email _____

 Phone _____
 Email _____
 Credit Hours: ____ FT PT HS

SCHOLARSHIP REQUIRED DOCUMENTS

- TERM APPLYING FOR:** Fall 20____ Spring 20____ Summer 20____ Session _____
- APPLICATION** -Complete original application (Fax & Emailed applications NOT ACCEPTED)
- ENROLLMENT VERIFICATION** - Current letter of acceptance or continuing verification
- VOTER REGISTRATION** - Under the age of 18, provide parents voter registration
- CERTIFICATE OF INDIAN BLOOD (CIB)**
- LETTER OF INTEREST**
- CLASS SCHEDULE**
- UNOFFICAL TRANSCRIPT**
- MEETING ATTENDANCE** - Student/Representative must attend planning and regular chapter meeting

FALL DEADLINE - SEPTEMBER 1ST SPRING DEADLINE - FEBRUARY 1ST
SUMMER DEADLINE - JUNE 1ST

CHAPTER ADMINISTRATION USE ONLY

APPLICATION COMPLETE: Yes ____ No ____ **Date Stamp:** _____

RECEIVED BY: _____

PM Date: _____ **Action Taken:** _____

RM Date: _____ **Motion:** _____ **Second:** _____ **Vote:** _____

APPROVED By: _____ School: _____
 Check Date: _____ Amount: _____ Check Pickup Date: _____

DISAPPROVED By: _____ Reason: _____



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SCHOLARSHIP ASSISTANCE APPLICATION

APPLICANT INFORMATION

TERM:

DATE:

NAME:		PHONE:	EMAIL:	
DATE OF BIRTH:	CENSUS #:	SOCIAL SECURITY #:	REGISTERED W/CHAPTER: Y / N	VETERAN: Y / N
MAILING ADDRESS:		PHYSICAL ADDRESS:		
SPOUSE NAME:		PHONE:	EMAIL:	

PARENT INFORMATION (Under the age of 18)

MOTHER'S NAME:	ADDRESS:	PHONE:	REGISTERED W/CHAPTER: Y / N
FATHER'S NAME:	ADDRESS:	PHONE:	REGISTERED W/CHAPTER: Y / N

EDUCATION INFORMATION

HIGH SCHOL LAST ATTENDED: Name, City, State	DIPLOMA/GED/CERTIFICATE	DATE: Month / Year
ATTENDING: College/University/Tech College/ETC.	Student ID:	
School Address: City / State / Zip	Phone/Email:	
Classification: Certificate: () Vocational: () Associates: () Bachelors: () Masters: () Doctoral: ()		
UNDERGRADUATES ONLY: Major	Month & Year to Graduate:	
GRADUATES ONLY: Major	Month & Year to Graduate:	
LAST ATTENDED: College/University	Month & Year	
ATTENDING: Prepratorial High School	Student ID:	
School Address: City / State / Zip	Phone/Email:	
Prepratorial School Classification: Freshman: () Sophomore: () Junior: () Senior: ()		

I hereby acknowledge that the information provided above is true and correct for the purpose of obtaining Scholarship Assistance.
 Any false or misleading information will result in denial of eligibility determination.

 APPLICANT'S SIGNATURE

 DATE