

**WHITE ROCK LOCAL GOVERNMENT
SCHOLARSHIP CHECK OFF LIST**

DATE:

NAME OF STUDENT:

NAME OF SCHOOL:

ADDRESS:

ADDRESS:

CITY, STATE, ZIP:

CITY, STATE, ZIP:

• **FAXED AND E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.**

• **NO SCHOLARSHIP APPLICATION PACKAGE WILL BE ACCEPTED UNLESS ALL REQUIRED DOCUMENTS ARE ATTACHED**

• **APPLICATION PACKAGES MUST BE AT CHAPTER OFFICE OR POST MARKED BY DUE DATE**

DOCUMENTS	FALL	SPRING	SUMMER
1. SCHOLARSHIP APPLICATION (Original)			
2. LETTER OF CURRENT ACCEPTANCE / CONTINUING ENROLLMENT VERIFICATION			
3. VOTER'S REGISTRATION (Copy from election office)			
4. LETTER OF INTEREST			
5. CLASS SCHEDULE			
6. UNOFFICIAL TRANSCRIPT			
FALL SEMESTER DEADLINE	September 1st ***		
SPRING SEMESTER DEADLINE		February 1st ***	
SUMMER TERM DEADLINE			June 1st **

** If Due Date falls on a Holiday all documents and applications will need to be Submitted the date before; August 31st, January 31st, & May 31st.

RECEIVED BY:

DATE:

ADMINISTRATION USE ONLY

PACKAGE COMPLETE: YES / NO

FULL / PART TIME:

CREDIT HOURS:

APPROVED BY:

APPROVED ON:

AMOUNT:

DATE OF CHECK:

CHECK MAILED ON:

BY:



**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: _____