

**STUDENT FINANCIAL ASSISTANCE
REQUIRED DOCUMENTS CHECKLIST**

1. Completed Student Financial Assistance Application Form
2. Letter of Admission/Enrollment Verification (from Post-Secondary Institution)
3. Final copy of Navajo Nation Voter Registration Card
4. Valid Social Security Card
5. Expenditure Receipts (from previous assistance)
6. Unofficial Academic Transcripts (purpose of information on recent grades, program c
date of graduation, and of degree being pursued)
7. Advisement Sheet/Graduation Check-off list
8. Certificate of Indian Blood (CIB)

TSE' LICHII CHAPTER STUDENT FINANCIAL ASSISTANCE APPLICATION

P.O. Box 2548 / Gallup, NM 87305 / Phone: (505) 905-8071/8135

Website: www.redrock.nndes.org / Email: www.redrock@navajochapters.org

Term Applying for: 20__

Fall Spring

(Check one of the above)

Name of Applicant: _____ **Social Security Number:** _____
(First) (Middle) (Last) **Census Number:** _____

Current Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Home/Work Phone:** _____ **Message Phone:** _____

Marital Status: Single Married Divorce **Gender:** Male Female

Mother's Name: _____ **Tribal Affiliation:** _____

Current Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Father Name: _____ **Tribal Affiliation:** _____

Current Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Name of High School/GED Center: _____ **Graduation Date:** ____ / ____ / ____

Current Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Type of High School Graduated from: (Please Check One) Public Private GED

Name of University/Vocational Program you already attended: _____

Current Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Name of University/Vocational Program you will be attending: _____

Current Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Current College Classification: (Please Check One) Freshman Sophomore Junior
 Senior Graduate Post Graduate

Undergraduates ONLY Full-time (12 Credit hours or more) Part-time (11 Credit hours or less)

1st Major: _____ **2nd Major:** _____ **Graduation Date:** ____ / ____ / ____

Graduates ONLY Full-time (9 Credit hours or more) Part-time (8 Credit hours or less)

1st Major: _____ **2nd Major:** _____ **Graduation Date:** ____ / ____ / ____

Type of Degree Earning: (Please Check One) Associate of Arts Associate of Science
 Associate of Applied Arts Associate of Applied Science Bachelor of Arts
 Bachelor of Science Master of Arts Master of Science PhD-Doctoral
 Certificate Other _____

Have you received previous assistance at Tse' Lichii or another Chapter?
 Yes No **If yes, when and what chapter?** _____

Student Signature: _____ **Date:** _____

EDUCATION COMMITTEE USE ONLY

Required documents attached? Yes No **Application met Deadline?** Yes No

Education Committee Chairperson Approval: _____ **Date:** _____

Chapter Official Approval: _____ **Date:** _____

CHAPTER ADMINISTRATION USE ONLY

Chapter Administration Approval: _____ **Date:** _____

Check Date _____ **Fund** _____ **Amount** _____ **Semester** _____
& Number: _____ **Account:** _____ **Awarded:** _____ **Awarded:** _____