**TOHATCHI CHAPTER STUDENT FINANCIAL ASSISTANCE APPLICATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term: \_\_\_\_\_\_ Year- Fall Spring Summer Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Completed Application (*All documentation must be attached upon turning in application)*

\_\_\_\_ Tohatchi Voter Registration Card/Receipt (*18 and over*)

\_\_\_\_ Certificate of Indian Blood

\_\_\_\_ Letter of Admission (*Verification of Enrollment*)

\_\_\_\_ Official of Unofficial Transcripts

\_\_\_\_ Class Schedule

\_\_\_\_ Receipts from last award

\_\_\_\_ Social Security Card (*Audit Purpose*)

\_\_\_\_ Identification Card (*Audit Purpose*)

\_\_\_\_ DD 214 (*Veteran*)

\_\_\_\_ Documentation of Disability

\_\_\_\_ Signed Form- Student Financial Assistance Policy and Procedures

***All applications can be mailed or faxed to Tohatchi Chapter at:***

Mailed to: Faxed to: (505) 733-2847

**Tohatchi Chapter** Attn: **Tohatchi Chapter**

**PO BOX 287 Student Scholarship App.**

**Tohatchi, New Mexico 87325**

**Financial Assistance Deadlines:**

1. Fall Semester: Last Day of July
2. Spring Semester: Last Day of November
3. Summer Semester: Last Day of May
4. Deadline Time will be at 4:00pm, No Exceptions (Included Fax and Email)
5. Post Mark will have to be on the Last Day of the Deadline

**All applications MUST be completed upon the deadline with all current documentations attached. All mailed and faxed applications must be sent before the deadlines listed above. (No Exceptions). All funding assistance will be determined upon the availability of funds and award amounts are subject to change to serve all applicants equally. All applicants must turn in new application per academic term. Deadline dates are subjected to weekday business days, Monday thru Friday.**

**TOHATCHI CHAPTER FINANCIAL APPLICATION**

***Applicant:***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Message: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Census Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***If Under 18 of Age: You are required to provide your parent/guardian voter registration card or receipt that will indicate the vote Tohatchi Chapter.***

**Name (Parent(s)/Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Message: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are your parent(s)/guardian registered voter of Tohatchi Chapter? Yes or No**

**If no, where are they registered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a current registered voter of Tohatchi Chapter? Yes or No**

**If no, where are you registered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you an Armed Service Veteran? Yes or No Are you Discharged? Yes or No**

***Freshman Only:***

**High School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Graduated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**College Classification: FRESHMAN SOPHOMORE JUNIOR SENIOR UNDERGRADUATE/GRADUATE**

**Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Graduation Date: \_\_\_\_\_\_\_\_\_\_\_**

**Last Institution Attended: (*If transferred): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**TOHATCHI CHAPTER STUDENT FINANCIAL ASSISTANCE APPLICATION**

**Student Consent to Release Information**

The Tohatchi Chapter of Tohatchi, New Mexico (Navajo Nation) is required by Tribal and Federal Law (*Privacy Act*) that the applicant reads and approves by signature, to grant Tohatchi Chapter to release and inquire confidential academic information to or from the individual listed or institution. In order to receive and approve any financial support from Tohatchi Chapter.

**By signing this portion of this form. You are granting consent to the Tohatchi Chapter to inquire academic information from the institution you are attending. In most cases, this is to confirm that the applicant is attending the institution.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print) hereby grant consent to Tohatchi Chapter to inquire on my academic information to further verify my position as a student in order to receive financial assistance from Tohatchi Chapter.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number: \_\_\_\_\_\_\_\_\_\_\_**

**By signing this portion of this form. You are granting consent to the following people to have access and acquire on your Student Financial Assistance Application and Documents that you the applicant have submitted to the Tohatchi Chapter. All person(s) listed must show identification upon viewing or release of any information.**

1. **Name of Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Access: \_\_\_\_\_\_\_\_ Limited: \_\_\_\_\_\_\_**
2. **Name of Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Access: \_\_\_\_\_\_\_\_ Limited: \_\_\_\_\_\_\_**

**\*Limited Access Granted- Please indicate what information is allowed to be viewed and or given to:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing this portion of this form. You are granting consent for the following individuals to pick up your Financial Assistance Check on your behalf. In case, you the applicant is unable to pick up their financial assistance check. All people listed must show identification upon receiving check.**

Authorized Person(s):

1. Name of Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name of Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_