

# SCHOLARSHIP APPLICATION



## Student Information

Last Name	First Name	Age	Social Security No.	Census No.
Mailing Address		City	State	Zip Code
Phone No.	Message No.		Email Address	
Date of Birth	<u>Male</u> / <u>Female</u> Gender	Marital Status	Spouse's Name	
Tribe Affiliation	No. of Children		Are you a Veteran?	
Mother's Name or Legal Guardian		Mailing Address	Tribe Affiliation	
Father's Name or Legal Guardian		Mailing Address	Tribe Affiliation	
High School: Name/City/State			Month/Year of Graduation	

## College Classification

Institution you plan to attend	Major	Degree
Institution last attended/Other Institution Attended		Month/Year

Select Appropriate Classification:

Freshman      Sophomore      Junior      Senior  
Graduate      Post-Graduate      Other

Have you received Chapter Assistance before? If yes, when and where?

I, hereby, certify that the above information provided is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date