SCHOLARSHIP ASSISTANCE REQUEST FORM

Name_____   **Date** _____   **Date of Voter Registration** _____

Enter Apropriate Semester

FALL 20_____   **WINTER 20_____**   **SPRING 20_____**   **SUMMER 20_____**
☐ FIRST SESSION
☐ SECOND SESSION

Check Appropriate Student Statues

☐ **UNDERGRADUATE**   ☐ **GRADUATE**   ☐ **PHD, MD & JD**

Check Appropriate Enrollment Status

☐ **FULL-TIME ENROLLMENT**   ☐ **PART-TIME ENROLLMENT**

_____   _____
Signature of Student   **Date**

Upon approval, check will be mailed to address on the application.

OFFICE USE ONLY

	Date	Time	Walk-In	Mail	Fax	Signature	SCG Initial
Application/Request Form							
Navajo Nation Voter Registration/Card							
Letter of Admission							
Official Transcript							
Verification of Semester Hours							

Review _____

Enrollment Status: _____

Current Enrolled Credit Hours: _____

Cumulative G.P.A: _____

Chapter Registration Date: _____

Amount of Assistance Approved for: $ _____

APPROVAL _____   _____
        Elizabeth Whitethorne-Benally, Chapter Manager   Date