

**Blue Gap/Tachee Chapter Scholarship**  
**Attention to all applicants, a new application needs to be submitted each time you are applying for assistance.**

NAME: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

STUDENT ID NO.: \_\_\_\_\_ CONTACT NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**DEADLINE DATES:** [Preferred Method of Contact:](#)

- |                                  |                       |
|----------------------------------|-----------------------|
| Fall Semester - August 20th      | <a href="#">Phone</a> |
| Spring Semester - January 15th   | <a href="#">Email</a> |
| Summer Session - I & II May 15th |                       |


**REQUIRED DOCUMENTS**

CHAPTER ADMINISTRATION USE ONLY - DO NOT WRITE IN THIS SECTION	
	Verified By:
Completed Scholarship Application	_____
Copy of Letter Of Admission Or Enrollment Verification	_____
Course Schedule	_____
Official Transcript	_____
Certificate of Indian Blood	_____
State Issued Driver's License or Identification (ID) Card	_____
Navajo Nation Voter's Registration Card (if you are under 18 years old, a copy of your parent(s)/legal guardian voter registration)	_____
Signed Authorized Release of Information Form	_____

**PLEASE SUBMIT ALL REQUIRED DOCUMENTS ON CHECKLIST, APPLICANTS ARE RESPONSIBLE FOR UPDATING & SUBMITTING ALL SUPPORTING DOCUMENTS.**



BLUE GAP/TACHEE CHAPTER SCHOLARSHIP ASSISTANCE PROGRAM

	<b>Blue Gap/Tachee Chapter</b> <b>P.O. Box 4427</b> <b>Blue Gap, Arizona 86520</b> <b>Telephone No.: (928) 349-0507</b>	Term Applying For: 20 _____ SUMMER 20 _____ FALL 20 _____ SPRING
Revised: 05/15/24	<b>SCHOLARSHIP/FINANCIAL ASSISTANCE APPLICATION</b>	Date: _____
Census No. _____	Legal Name: (Last) _____ (First) _____ (Middle Initial) _____	
Current Mailing Address: _____ City _____ State _____ Zip Code _____		
Date of Birth: _____	Gender: _____	Veteran: _____
Telephone No.: _____		<a href="#">Alternate phone #:</a> _____
High School or G.E.D. Center: _____		Month/Year of H/S Graduation or G.E.D. _____ / _____
Address: _____		
University/College Classification: _____		
Type of Degree you are pursuing ( Circle One):	A.A./ A.S./A.A.S.	B.A./B.S.
	M.A./M.S.	Ed. D./M.D. Ph.D./J.D.
		Field Based B.A./B.S./M.A.
College or University (Undergraduate and Graduate) you will attend: (Name/City/State/Zip Code)		
Have you received a Chapter Scholarship before?		If yes, When: _____
<b>CHAPTER ADMINISTRATION USE ONLY</b>		
DATE	FUND CODE	SIGNATURES:
		csc:
		c/o:

I, certify that the above information that I have given is true and correct to the best of my knowledge

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

BLUE GAP/TACHEE CHAPTER SCHOLARSHIP ASSISTANCE PROGRAM

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CENSUS NO.: \_\_\_\_\_

All required documents must be provided to be considered by the Blue Gap/Tachee Chapter Administration.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHAPTER ADMINISTRATION USE ONLY

\_\_\_\_\_  
Date

REASON FOR DENIAL/PENDING \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT APPROVED: \_\_\_\_\_

CHECK NO.: \_\_\_\_\_

\_\_\_\_\_  
Harrison Blie, Community Service Coordinator

\_\_\_\_\_  
Vacant, Chapter President

\_\_\_\_\_  
Jimmie Burbank, Chapter Vice - President

\_\_\_\_\_  
Antoniette Dan, Sec./Treasurer

**Blue Gap/Tachee Chapter  
Chapter Scholarship Application  
Authorization for Release of Information**

I, \_\_\_\_\_, hereby authorize the Blue Gap/Tachee  
(Print name clearly)

Chapter staff through the Chapter Scholarship Assistance Program to obtain all necessary document/information to complete my Chapter Scholarship Application. All information released to the Blue Gap/Tachee Chapter for Scholarship funding assistance will be held strictly confidential. I understand and acknowledge that the chapter will contact the higher institution that I will be attending to verify my enrollment. I also authorize the institution to release any documents to Blue Gap/Tachee Chapter to assist in determining my eligibility for scholarship assistance. The chapter is not liable for any document(s) lost during transmittal.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date