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:

Fall Semester - August 20th

Spring Semester - January 15th

Summer Session - I & II May 15th

Preferred Method of Contact:

Phone

Email

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

	Blue Gap/Tachee Chapter **P.O. Box 4427** **Blue Gap, Arizona 86520** **Telephone No.: (928) 349-0507**	Term Applying For: 20 _____ SUMMER 20 _____ FALL 20 _____ SPRING
Revised: 05/15/24	**SCHOLARSHIP/FINANCIAL ASSISTANCE APPLICATION**	Date:
Census No.	Legal Name: (Last) (First) (Middle Initial)	

Current Mailing Address: City State Zip Code				
Date of Birth:	Gender:	Veteran:	Telephone No.:	Alternate phone #:

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:

CHAPTER ADMINISTRATION USE ONLY

DATE	FUND CODE	FALL	SPRING	SUMMER	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: _____

_____

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_____

_____

CHAPTER ADMINISTRATION USE ONLY

_____ Date _____ Date _____ Date

REASON FOR DENIAL/PENDING _____

_____

_____

_____

AMOUNT APPROVED: _____ CHECK NO.: _____

_____
Harrison Blie, Comm. Services Coordinator

_____
Marcus Tulley, Chapter President

_____
Jimmie Burbank, Chapter Vice - President

_____
Antoniette Dan, Sec./Treasurer

Revised: 05/15/24

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

Revised: 05/15/24