

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
 Spring Semester - January 15th
 Summer Session - I & II May 15th

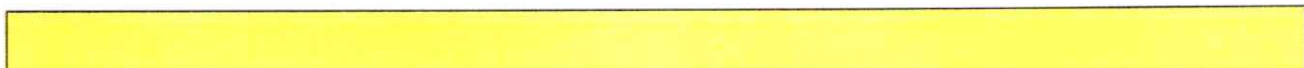
[Phone](#)

[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: _____ Address: _____					Month/Year of H/S Graduation or G.E.D. _____ / _____	
University/College Classification: _____						
Type of Degree you are pursuing (Circle One):		A.A./			Ed. D./M.D.	Field Based
		A.S./A.A.S.	B.A./B.S.	M.A./M.S.	Ph.D./J.D.	B.A./B.S./M.A.
<u>College or University (Undergraduate and Graduate) you will attend: (Name/City/State/Zip Code)</u>						
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: _____

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

**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