

**WHIPPOORWILL CHAPTER
STUDENT FINANCIAL ASSISTANCE APPLICATION**

**Whippoorwill Spring Chapter
Post Office Box 279
Pinon Arizona 86510
Telephone: 928-725-3728/3177**

Term(s) Applying For:
20__ Fall Semester –**Due Aug. 31**
20__ Spring Semester–**Due Jan. 31**
20__ Summer Session(s)–**Due May 31**
20__ Summer Youth Enrichment Program

PERSONAL AND FAMILY DATA

SSN:	C#:	Applicant Name: (Last) (First) (Middle Initial) (Maiden Name)		
Mailing Address: (If mailing address changes, please contact WSC immediately & provide new address)				Telephone No(s):
Permanent Home Address: City/State/Zip Code				E-mail Address:
Date of Birth:	Sex: F () M ()	Marital Status:	Spouse's Name:	No. of Dependent(s):
Are you a Veteran? Y () N ()		Are you <u>currently</u> registered with Whippoorwill Spring Chapter? Yes () No () Date of registration: ___/___/___		
Mother's Name:	Address: City/State/Zip Code			Chapter Affiliation:
Father's Name:	Address: City/State/Zip Code			Chapter Affiliation:
Name of other person(s) you want information released to:				Telephone No(s):

EDUCATIONAL DATA

High School/GED Center: (Name, City, State, Zip Code)		HS Diploma or GED received Month/Year:
College Classification: Freshman: () Sophomore: () Junior: () Senior: () Graduate: () Post-Graduate: ()		
Training Institute, College or University you will attend: (Name, City, State, Zip Code)		Letter of Acceptance: Y () N ()
Type of Degree you are seeking: Diploma/Certificate () Associates: A.A., A.S., A.A.S. () Bachelors: B.A./B.S. () Masters: M.A/M.S. () Doctorate: Ed. D/M.D./Ph.D./J.D. ()		Anticipated Date of Graduation:
Name of Institution, College or University last attended:	Month & Year	Have You Received Chapter Assistance Before? Yes () No ()
If yes, When?	Institution:	Amount of Request:
Purpose of Request:		

NOTE: Application must be complete; otherwise, it will be considered incomplete, and will not be considered. Also for each semester, a new application must be submitted to the Chapter Administration before the deadline.

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

Signature of Applicant

DATE

DATE	STATUS	AWARD	FALL	WINTER	SPRING	SCHOOL	TERM	INITIAL	INITIAL

Exhibit A