



Whippoorwill Chapter

Post Office Box 279

Pinon, AZ 86510-0279

Telephone (928) 725-3728/3727 Fax (928) 725-3745



Mareita Denny, Chapter Manger

Ella M. Kay, Chapter Administrative Assistant

Germaine Simonson - NN Council Delegate

Aaron Yazzie - President

Gerald Ahasteen - Vice President

Phillip Tom Jr. - Secretary/Treasurer

COLLEGE STUDENT FINANCIAL ASSISTANCE CHECK-OFF LIST (REQUIRED DOCUMENTS)

NAME: _____

Date: _____

- () 1. COMPLETE COLLEGE STUDENT FINANCIAL ASSISTANCE APPLICATION
- () 2. COMPLETE STUDENT CONSENT TO RELEASE INFORMATION
- () 3. COPY OF LETTER OF ADMISSION FROM INSTITUTION FOR SEMESTER APPLYING FOR
- () 4. COPY OF THE NAVAJO NATION ELECTIONS VOTERS REGISTRATION FROM OR A VERIFICATION LETTER FROM THE NAVAJO NATION ELECTIONS OFFICE
- () 5. COPY OF CERTIFICATE OF INDIAN BLOOD (CIB)
- () 6. COPY OF STATE ISSUED DRIVERS LICENSE OR IDENTIFICATION CARD
- () 7. COPY OF SOCIAL SECURITY CARD
- () 8. COPY OF UNOFFICIAL TRANSCRIPT WILL BE ACCEPTED WITH COMPLETED APPLICATION **BUT** OFFICIAL TRANSCRIPT ARE REQUIRED PRIOR TO DISBURSEMENT OF THE APPROVAL ASSISTANCE
- () 9. COPY OF CURRENT CLASS SCHEDULE MUST INDICATE NUMBER OF CREDIT HOURS OR ENRICHMENT PROGRAM
- () 10. COPIED OF SUPPORTING DOCUMENTS FOR THE HIGH SCHOOL EDUCATIONAL ENRICHMENT PROGRAM
- () 11. TYPED STATEMENT FOR FINANCIAL ASSISTANCE REQUEST

ALL required documents must be submitted by the application closing date in order to be considered for the College Student Financial Assistance. If you have any questions regarding the application process, please contact the Whippoorwill Chapter @ (928) 725-3728/3727.

Received By: _____ Date: _____ Reviewed By: _____ Date: _____

WHIPPOORWILL CHAPTER COLLEGE STUDENT FINANCIAL ASSISTANCE APPLICATION

Whippoorwill Chapter
PO Box 279
Pinon, AZ 86510
Phone #: (928)725-3727/3728
Fax #: (928)725-3745

Term(s) Applying For:
20__ Fall Semester-Due August 31
20__ Spring Semester-Due January 31
20__ Summer Session(s)-Due May 31
20__ HS Educational Enrichment Prgm

PERSONAL AND FAMILY DATA

SSN:	C#:	Applicant Name: (Last) (First) (Middle Initial) (Maiden Name)			
Mailing Address: (If mailing address changes, please contact WC immediately & provide address)					Telephone No(s):
Permanent Home Address: City/State/Zip Code					Email Address:
Date of Birth:	Sex: F () or M ()	Marital Status:	Spouse's Name:		No. of Dependent(s):
Are you a Veteran? Y () or N ()		Are you currently registered with Whippoorwill Chapter: Y () or N () If yes, 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 Institution, College or University you will be attending; Name/City/State/Zip Code		Letter of Acceptance: Y () or 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 attended:	Have you received College Student Financial Assistance Before: Y () or N ()
If yes, when?	If yes, at what Institution?	If yes, amount of assistance received?

NOTE: All required documents must be submitted by the application closing date in order to be considered for the College Student Financial Assistance. A new application must be submitted for each semester. If you have any questions regarding the application process, please contact the Whippoorwill Chapter @ (928)725-3727/3728.

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

Revised & Updated: 2/11/2019
Resolution No.: WC-19-18, approved 3/6/2019

**COLLEGE STUDENT FINANCIAL ASSISTANCE
STUDENT CONSENT TO RELEASE INFORMATION FORM**

The Whippoorwill Chapter requires written authorization to release your confidential information. This requirement is in compliance with the Privacy Act of 1974 (Public Law 93-579) to protect and control the Federal Government's collection and dissemination of personal information on individual citizens. The Act does not allow any person(s) to have access to an individual's information without consent, therefore, to authorize release of any information to person(s) other than yourself, you must provide consent in writing.

This form will allow you to authorize the school or institution you are attending to release confidential information to the Whippoorwill Chapter to determine your eligibility for assistance with the college Student Financial Assistance Program. You can limit the amount of information to Whippoorwill Chapter. Please complete and return the information to Whippoorwill Chapter. This form will only be used for the semester(s) you are applying for.

Applicant's Name:	Social Security Number:
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I authorize the following school(s) to release the following information to the Whippoorwill Chapter Administration staff to determine my eligibility for the College Student Financial Assistance Program. (Please Print)

Name of Institution:		Type of Information to be Released:
1. _____	Full Access _____	_____
2. _____	Full Access _____	_____
3. _____	Full Access _____	_____

Applicant's Signature:	Date:
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