



WHIPPOORWILL CHAPTER

P.O. Box 279
Pinon, AZ 86510
Phone #: (928)725-3727/3728
Fax #: (928)725-3745



Marcitta Denny, Chapter Manager

Ella M. Kaye, Administrative Assistant

Germaine Simonson, Council Delegate

Aaron Yazzie, President

Gerald Ahasteen, Vice-President

Phillip Tom Jr., Secretary/Treasurer

COLLEGE STUDENT FINANCIAL ASSISTANCE

REQUIRED DOCUMENT CHECK- OFF LIST

Name: _____

Date: _____

- COMPLETE COLLEGE STUDENT FINANCIAL ASSISTANCE APPLICATION
- COMPLETE STUDENT CONSENT TO RELEASE INFORMATION FORM
- COPY OF STATE ISSUED DRIVERS LICENSE OR IDENTIFICATION CARD
- COPY OF CERTIFICATE OF INDIAN BLOOD (CIB)
- COPY OF SOCIAL SECURITY CARD
- COPY OF NAVAJO NATION ELECTION VOTER REGISTRATION CARD OR VERIFICATION OF VOTER REGISTRATION FORM
- LETTER OF ADMISSION FROM INSTITUTION (FOR FIRST TIME STUDENTS ONLY)
- CURRENT ENROLLMENT VERIFICATION FROM INSTITUTION (FOR CONTINUING STUDENTS ONLY)
- COPY OF OFFICIAL COLLEGE TRANSCRIPT (FOR CONTINUING STUDENTS ONLY)
- COPY OF CURRENT CLASS SCHEDULE, MUST INDICATE NUMBER OF CREDIT HOURS OR ENRICHMENT PROGRAM
- TYPED STATEMENT FOR FINANCIAL ASSISTANT REQUEST

All required documents must be submitted with application by the closing date, no later than 5:00pm in order to be considered for the Higher Education Financial Assistance Program. If you have any questions regarding to the application process, please contact Whippoorwill Chapter at (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:
If yes, when?	If yes, at what Institution?
Have you received College Student Financial Assistance Before: Y () or N ()	
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 1074 (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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