



WHIPPOORWILL CHAPTER

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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: _____

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) 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 Assistant 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	
	Full Access	
	Full Access	
	Full Access	

Applicant's Name	Date
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