

# SHIPROCK CHAPTER GOVERNMENT

## Scholarship and Financial Assistance Application

**Semester Applying for: 2025 SPRING Semester Due: JANUARY 15, 2025**

### Student Information

First Name	Middle Name	Last Name
Social Security Number: XXX-XX-	Navajo Tribal Enrollment Number:	Student Identification Number:
Home Telephone Number:	Cellular / Message Number:	E-mail Address:
Mailing Address: (PO Box, Street, Route, City, State, Postal Code)		
Current Physical Address/Directions to Residence:		
Date of Birth:	Gender:	Marital Status:
Are You A Registered Voter of Shiprock Chapter?		
<input type="checkbox"/> NO <input type="checkbox"/> YES		
Are You A Veteran?		Registration Date:
<input type="checkbox"/> YES <input type="checkbox"/> NO		

### Complete Only If Student Is Under 21 Years of Age

Mother's Name:	Mailing Address: (City/State/Zip)	Shiprock Chapter Registered Voter?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
Father's Name:	Mailing Address: (City/State/Zip)	Shiprock Chapter Registered Voter?
		<input type="checkbox"/> YES <input type="checkbox"/> NO

### Educational Information

High School (Name, City, State)		Graduation or GED Certificate (Date/Year)
Type of Degree You Will Be Earning:	Certificate      Associates      Bachelors      Masters      Doctorate <input type="checkbox"/> <input type="checkbox"/> A.A./A.S./A.A.S. <input type="checkbox"/> B.A./B.S. <input type="checkbox"/> M.A./M.S. <input type="checkbox"/> Ed.D./M.D./Ph.D./J.D.	
College Classification:	<input type="checkbox"/> Freshman(100) <input type="checkbox"/> Sophomore(200) <input type="checkbox"/> Junior(300) <input type="checkbox"/> Senior(400) <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate	
Name of College/University/Vocational Attending:	Address of College/University/Vocational Attending (City/State):	
Primary:		
Secondary:		
Undergraduate Major:	Graduate Major:	Post-Graduate Major:
Graduate Program Acceptance:	My Enrollment Status Will Be:	Anticipated Date of Graduation:
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Undergraduate F/T <input type="checkbox"/> Graduate F/T <input type="checkbox"/> P/T <small>12 Credit hours or more      9 Credit Hours or more</small>	
Have you previously received student financial assistance from Shiprock Chapter Government?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, When:	Amount Awarded:

### Certification

*I hereby certify that the information provided is correct to the best of my knowledge. I understand that if any information is found to be fraudulent, untrue, or misleading my application for Student Financial Assistance and any future request will be denied. I give Shiprock Chapter Governments permission to receive, review, photo copy, file, and store any applicable information required to complete my application. **I understand that I cannot receive another scholarship from another Chapter, besides Shiprock Chapter Governments.***

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_