

# Affidavit

**DATE:** \_\_\_\_\_

**TO:** All Student Educational and Financial Assistance Recipients

**FROM:** **Becenti Chapter**

**SUBJECT:** Understanding of Obligation of the Student Educational and Financial Assistance Awards Policies and Procedures

I, \_\_\_\_\_, have read and understood the Student Educational and Financial Assistance Policies and Procedures.

I, \_\_\_\_\_ understand that upon my award of the Student educational and Financial Assistance, I am obligated to utilize the funds for my educational expenses as specified in the Policies and Procedures. I also understand that as specified in the Student Educational and Financial Assistance Policies and Procedures that I will be obligated for Probation if I misuse the funds or if I withdraw from school unofficially and without notification to the Becenti Chapter.

SIGNATURE:

\_\_\_\_\_  
Student Signature                      Date

\_\_\_\_\_  
Parent Signature, if minor

**BECENTI CHAPTER  
SCHOLARSHIP RECIPIENT COVER SHEET  
CHECK LIST**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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Required documents must be submitted to the Chapter Administration Staff by the Closing Date. No Exceptions.

_____ CIB/Soc. Sec. Card *	_____ Current Scholarship Application
_____ Voter Registration *	_____ Letter of Acceptance*
_____ Photo I.D.*	_____ Class Schedule*
_____ W-9 IRS Form	_____ Official Transcript**

\* Copy is sufficient  
\*\* Official transcript required prior to receiving award.

\_\_\_\_\_  
STUDENT SIGNATURE OF ACKNOWLEDGEMENT

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE IF A MINOR

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\*\*\*\*TO BE COMPLETED BY ADMINISTRATION\*\*\*\*

**COMPLETED AND PROCESSED**

_____ Approved	Date of Regular Chapter Meeting: _____
_____ Denied	Reason: _____
_____ Resolution Attached	
_____ Fund Approval Form	
_____ Copy of Check	

**COMMENT/ISSUE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Community Services Coordinator                      Date

\_\_\_\_\_  
Accounts Maintenance Specialist                      Date

Becenti Chapter  
 Student Educational and Financial Assistance  
 Post Office Box 708  
 Crownpoint, N.M. 87313  
 Phone No. (505) 786-2283/2284  
 Fax No. (505) 786-2285

Term(s) Applying For:  
 20\_\_ Fall Semester  
 20\_\_ Spring Semester

**DEADLINES:**  
**Fall Semester - August 15th**  
**Spring Semester - January 15th**

Date: \_\_\_\_\_

PERSONAL INFORMATION

SSN: - -	C#	Legal Name: (Last Name, First, Middle Initial)	
Current Mailing Address: City/State/Zip Code		Telephone Number:	
Permanent Home Address: City/State/Zip Code		Telephone Number :	
Date of Birth	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>	Marital Status:	Number of Children:
Are you a Veteran? yes <input type="checkbox"/> no <input type="checkbox"/>	Are you a registered voter of Becenti Chapter? Must provide proof of voter registration.		yes <input type="checkbox"/> No <input type="checkbox"/>
Mother's Name	Address: City/State/Zip		Tribe:
Father's Name	Address: City/State/Zip		Tribe:

EDUCATIONAL INFORMATION

High School: Name/City/State		Month & Year of Graduation or GED Certificate:	
College Classification: Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Post-Graduate <input type="checkbox"/>	College, University, or School you plan to attend: Name/City/State		
Major:		Type of Degree Seeking:	
Letter of Acceptance? yes <input type="checkbox"/> no <input type="checkbox"/>		Chapter Resolution? yes <input type="checkbox"/> no <input type="checkbox"/>	Amount of Request: \$ _____
Name of College/University Last Attended:		Month & Year	Have you received Navajo Nation Scholarship before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____
			Institution: _____
<b>* Please submit your last transcript that you were funded for.</b>			
Have you received Chapter Scholarship before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____			

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check Off List for Completion;	<input type="checkbox"/> Current Scholarship Application	<input type="checkbox"/> Signed Policies & Procedures Memo
	<input type="checkbox"/> Letter of Admission	<input type="checkbox"/> Social Security Card
	<input type="checkbox"/> Verification of Voter Registration	<input type="checkbox"/> Census Number (CIB)
	<input type="checkbox"/> Registration Form/Class Schedule	<input type="checkbox"/> Photo Identification
DOCUMENT CHECKED BY: _____		