



BECENTI CHAPTER
ENRICHMENT FINANCIAL ASSISTANCE
CHECK LIST AND APPLICATION



Applicant's Name: _____ Date: _____

All necessary documents must be submitted before the Becenti Chapter Planning Meeting. Thank you.

- _____ Certificate of Indian Blood "CIB"
- _____ Parent's Voters Registration Card
- _____ Social Security Card

- _____ Current Enrichment Application
- _____ Official Itinerary/Acceptance Letter

 Documents Checked by

 Student's Signature of Acknowledgement

Parent's Signature

For Chapter Administration Only

- _____ Approved
- _____ Ineligible
- _____ Approved Chapter Resolution
- _____ Fund Approval Form
- _____ Copy of Award Check

Comments:

 Community Services Coordinator Date

 Account Maintenance Specialist Date

BECENTI CHAPTER STUDENT ENRICHMENT FINANCIAL ASSISTANCE APPLICATION

Becenti Chapter
P.O. Box 708
Crownpoint, NM 87313
Phone: (505) 786-2283/2284
(505) 786-2285
Email: becenti@navajochapters.org

Amount of Request:
____ \$150.00 Within Navajo Nation
____ \$200.00 Off Navajo Nation
* New Applications should be filed with Fax:
all chapter financial assistance and request

Date: _____

| PERSONAL INFORMATION | | |
|--|---|-------------------------|
| Name: (Last, First, Middle) | Census Number: | Social Security Number: |
| Mailing Address: (P.O. Box, City, State, Zip Code) | | Phone Number: |
| Date of Birth: | Are your parent(s) registered members of Becenti Chapter? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, which Chapter? | |
| Mother's/Guardian's Name: | Mailing Address: City, State, Zip Code | Phone Number: |
| Father's/Guardian's Name: | Mailing Address: City, State, Zip Code | Phone Number: |

| EDUCATIONAL INFORMATION | |
|---|--|
| High School: (Name, City, State) | Grade: <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior |
| Purpose of Request: | |
| Have you been assisted with the Student Enrichment Financial Assistance before? If yes, when? | |
| I certify that the information I provided is correct to the best of my knowledge. | |
| _____ Applicant's Signature | _____ Date |
| _____ Parent/Guardian Signature | _____ Date |