

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: _____

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

_____ CIB/Soc. Sec. Card *
_____ Voter Registration *
_____ Photo I.D.*
_____ W-9 IRS Form

_____ Current Scholarship Application
_____ Letter of Acceptance*
_____ Class Schedule*
_____ Official Transcript**

* Copy is sufficient

** Official transcript required prior to receiving award.

STUDENT SIGNATURE OF ACKNOWLEDGEMENT

PARENT OR GUARDIAN SIGNATURE IF A MINOR

****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: _____ |
| * Please submit your last transcript that you were funded for. | | | |
| 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: _____ | | |