

## 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/Affidavit

\_\_\_\_\_ 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, NM 87313  
 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"/>	College, University, or School you plan to attend: Name/City/State _____		
Sophomore <input type="checkbox"/>	Major: _____	Type of Degree Seeking: _____	
Junior <input type="checkbox"/>	Letter of Acceptance? yes <input type="checkbox"/> no <input type="checkbox"/>	Chapter Resolution? yes <input type="checkbox"/> no <input type="checkbox"/>	Amount of Request: \$ _____
Senior <input type="checkbox"/>	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? _____
Graduate <input type="checkbox"/>	Institution: _____		
Post-Graduate <input type="checkbox"/>	* 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: _____	