



BECENTI CHAPTER
STUDENT EDUCATIONAL AND FINANCIAL ASSISTANCE "SEafa"
CHECK LIST AND APPLICATION



Name: _____

Date: _____

Required Documents must be submitted to the Chapter Administration by the closing date. No exceptions.

- | | |
|----------------------------------|-----------------------------|
| _____ Social Security Card/CIB* | _____ Application Form |
| _____ Voter's Registration Card* | _____ Letter of Acceptance* |
| _____ Photo ID Card * | _____ Class Schedule* |
| _____ Current IRS W-9 Form | _____ Official Transcript** |

- Copy is sufficient
- Official transcript required prior to approval of award

 Student's Signature of Acknowledgement

 Parent's/Guardian's Signature, if a minor

******To be Completed by Chapter Administration******
OFFICIAL USE ONLY

_____ Approved Date of Regular Chapter Meeting: _____

_____ Ineligible Reason: _____

_____ Adopted Chapter Resolution

_____ Fund Approval Form

_____ Copy of Award Check

Comments/Issue:

 Community Services Coordinator Date

 Accounts Maintenance Specialist Date

BECENTI CHAPTER
STUDENT EDUCATIONAL AND FINANCIAL ASSISTANCE APPLICATION

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

Applying for Semester:
20__ Fall Semester
20__ Spring Semester

Date: _____

PERSONAL INFORMATION				
SSN:	C#:	Legal Name: (Last, First, Middle Initial)		
Mailing Address: City/State/Zip Code			Phone Number:	
Permanent Address: City/State/Zip Code			Phone Number:	
Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status:	Number of Children:	
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a registered voter of Becenti Chapter? <input type="checkbox"/> Yes <input type="checkbox"/> No Must provide copy of voter's registration card*			
Mother's Name:	Mailing Address: (City, State, Zip Code)	Tribe:		
Father's Name:	Mailing Address: (City, State, Zip Code)	Tribe:		
EDUCATIONAL INFORMATION				
High School: Name/City/State		Month and Year of Graduation or GED Certification:		
College Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Post-Graduate	College, University, or School you plan to attend: Name, City, State			
	Major:	Type of Degree Seeking:		
	Letter of Acceptance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Chapter Resolution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Requested:	
	Name of Last College or University Attended:	Month & Year:	Have you received Navajo Nation Scholarship Before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____	
Have you ever received the Becenti Chapter Educational and Financial Assistance before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			Institution: _____	

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

Signature

Date