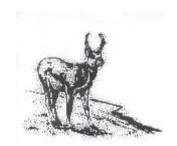


## JEDDITO CHAPTER P.O. BOX 798 KEAMS CANYON, ARIZONA 86034 Phone (928) 738–2276 Fax (928) 738–5455



## SCHOLARSHIP ASSISTANCE APPLICATION

Student's Name:		Term:		Year:					
Has Student received financial as  YES NO If yes, what y		-	previously?						
☐ Jeddito Chapter Scholarship	Application	– Must be Complet	e.						
Official Transcript(s) – Colleg	ge student mu	ıst submit an officia	al unopened, current t	t <mark>ranscript.</mark>					
			date of graduation a						
_		•	the granting agency.						
Letter of Admission – Verifica									
Vacu	University, classified as full-time (12+ credit hours) or part-time (less than 12 credit hours).								
Ci		*	vo (2) Admission lette	ers					
	1)	Graduate College							
	2)	Academic Depar	tment						
Class Schedule – Verification of	of credit hours	s to indicate full-tin	ne or part-time.						
Month Year		Credits							
Letter of Interest – Student m									
Navajo Nation Voter Registra	_	•	•	registered voter of Jeddito					
Chapter. If under the age of 18, yo	u must provid	de your parent's vei	rification.						
Registration Verified By:		Date:							
Social Security Card – Origina	ıl ONLY, No	copies, must be sig	ned.						
Certificate of Indian Blood – (				avit of					
	avajo Nation		vernying legar arria						
	· ·								
RECEIVED BY: DA	ATE: MA	KE CHECK PAYA	BLE TO:						
	DA	TE:	CHECK #	:					
	GIO	NATUDE.	_	DATE.					
☐ APPROVED ☐ DENU		NATURE:		DATE:					



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## TERMS APPLYING FOR:

SPRING SEMESTER SUMMER SEMESTER				FALL SEMESTER WINTER SEMESTER					
PERSONAL AND F									
NAME (LAST, FIRST, MIDDLE INITIAL):			SOCIAL SECURITY:				CENSUS:		
CURRENT MAILING ADDRESS							PHONE:		
PERMANENT HOME ADDRESS:							PHONE:		
DATE OF BIRTH: SEX:		MARITAL STATUS:		S	SPOUSE'S NAME:		NO. OF DEPENDENTS		
VETERAN: ☐ YES ☐ NO	ARE YOU A REC YES ☐ IF UNDER 18, VE	NO [				ATION:	CHAPTER:		
MOTHER'S NAME:	ADDRESS (CIT			ΓY, STATE, ZIP):		TRI	TRIBE:		
FATHER'S NAME:		ADDRESS (CITY, STATE, ZIP):		TRIBE:					
EDUCATION		1							
HIGH SCHOOL (NAME, CITY, STATE):			MONTH & YEAR O'CERTIFICATE:				F GRADU	ATION OR GED	
COLLEGE CLASSIFICATION  ☐ FRESHMAN ☐  SOPHOMORE				□JUNIOR □ S			ENIOR	□GRADUATE	
POST GRADUATE	:								
NAME OF COLLEGE/UNIVERSITY YOU PLAN TO CITY, STATE):				*			TYPE OF DEGREE YOU ARE SEEKING:		
NAME OF COLLEGE/UNIVERSITY LAST ATTENDED (NAME, CIT STATE):					ME, CITY,				
	tify that the info	rmation provid	ded is	con	rrect to the b	est of	ny knowle	edge.	