

LUKACHUKAI CHAPTER GOVERNMENT
FINANCIAL ASSISTANCE APPLICATION



Name: _____

Spring / Summer / Fall: _____
(Year)

Name of School: _____

Fulltime / Part-time / Graduate

Required Documents:

1. _____ Chapter Scholarship Application
2. _____ Current Official / Unofficial Transcript
3. _____ Current Letter of Admission (LOA)
4. _____ Class Schedule for Current Semester Applying
5. _____ Certificate of Indian Blood

Verified by: _____ Date: _____
Administration

6. _____ Navajo Nation Voter's Registration with Lukachukai Chapter

Verified by: _____ Date: _____
Administration

7. **Cumulative GPA of 2.5 or higher is Required.**

- ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH APPLICATION TO BE CONSIDERED COMPLETED. **ONLY** COMPLETED APPLICATIONS WILL BE FORWARD FOR REVIEW AND APPROVAL.

THANK YOU
LUKACHUKAI CHAPTER ADMINISTRATION

LUKACHUKAI CHAPTER FINANCIAL ASSISTANCE APPLICATION

Lukachukai Chapter Government
P.O. Box 248
Lukachukai, AZ 86507
Phone No. : (928) 787-2500 Fax No. : (928) 787-2332

Semester Applying For:

20__ Fall 20__ Spring
 20__ Winter 20__ Summer

SOCIAL SECURITY NO.		CENSUS NO.		DATE:	
Legal Name: (Last)		(First)		(Middle) Maiden	
Current Mailing Address: City/ State/ Zip Code					Telephone No.
Permanent Mailing Address: City/ State/ Zip Code (Required Information)					Telephone No.
Date of Birth:	Gender:	Marital Status:	Spouse's Name:		No. of Children
Are you a Veteran?		Navajo Chapter Affiliation (REQUIRED INFORMATION):			
Mother's Name :	Address: City/ State/ Zip Code				Tribe:
Father's Name :	Address: City/ State/ Zip Code				Tribe:
High School or GED Center (Circle one and print school name): Name: City: State:					Month/Year of High School or GED Graduation
Type of High School you Graduated From: (Circle One) Public Private B.I.A. Tribal Contract Secular GED					
College Classification (Beyond High School Diploma): Freshman Sophomore Junior Senior Graduate Post Graduate:					
Type of degree you will EARN at the College you will attend (circle one):		A.A/ A.S./ PH.D A.A.S./ Certificate	B.A./ B.S. M.A./ M.S.	Field Base B.A/ B.S./ M.A.	
College or University (Undergraduate and Graduate) you will attend:			City/State/Zip Code		
Undergraduate ONLY (required information):		Major:	Month/Year Graduate:		
Graduates ONLY (required information):		Major:	Month/Year Graduate:		
Graduates ONLY College and Department accepted into:					
I will be attending college (please check one):					
<input type="checkbox"/> Undergraduate Full-Time (12 or more Credits hours)		<input type="checkbox"/> Part-Time (less than full-time credit)			
<input type="checkbox"/> Graduate Full-Time (9 or more hours)		<input type="checkbox"/> Vocational/Certificate			
Have you received Financial Assistance (Scholarship) from the Chapter before? YES ___ NO ___ If yes when?					
I SWEAR UNDER PENALTY OF PERJURY THAT INFORMATION PROVIDED IS TRUTHFUL TO THE BEST OF MY KNOWLEDGE AND HAVE NOT WITHHELD ANY INFORMATION. I HEREBY AUTHORIZE THE LUKACHUKAI CHAPTER GOVERNMENT TO VERIFY THE INFORMATION GIVEN ON THIS APPLICATION.					
SIGNATURE:			DATE:		

OFFICIAL USE ONLY:

Date Approved:	CHECK NO.	AMOUNT	INITIAL	Hand-Carried/ Picked-Up By:	MAILED:	Date: (check was sent out)