

## Lukachukai Chapter Chapter Scholarship Funds

### ELIGIBILITY

- \* Student must provide enrollment verification to a College or University, including Vocational and Technical Programs.
- \* Student must be enrolled as full time (12 credit hours or more) and/or part-time (3-11 credit hours) student at an accredited College, University, or Institution.
- \* Student shall be registered voter of Lukachukai Chapter. If under 18 years of age, the parent must be an enrolled member of Lukachukai Chapter. A student is eligible to receive scholarship from only one Chapter when, parents are registered with separate Chapters.
- \* Student must maintain a cumulative Grade Point Average of 2.00 and be in good standing with his/her, on their transcripts.

### APPLICANT PROCEDURE

- \* Applicant must submit a Chapter Scholarship Funds Application and required documents to the Lukachukai Chapter by the deadline:
  - \* **Deadline:** Fall Semester: July 1-September 30    Spring Semester: November 1-January 31  
Summer Semester: April 1-May 31
  - \* **Checklist:**
    - Chapter Scholarship Funds Application  
Please make sure all fields are completed, use your enrollment documents to assist you with the education section.
    - Current Official Transcript  
Please attach documents that verify the information in Education Information and ensure personal information on documents exactly match the information provided on the application.
    - Class Schedule of Current Semester applying  
Current Class Schedule for the semester requesting (Class to be attending during the semester with proof of name & credit hours).
    - Copy of Navajo Nation Voter Registration  
If under 18 years of age, will need parent's verification of voter registration with the Chapter.
    - Copy of Certificate of Indian Blood (C.I.B)
    - Copy of Identification Card or State Drivers License
    - Copy of Social Security Card

### REQUIRED DOCUMENTS MAY BE MAILED, FAXED OR EMAILED TO:

Lukachukai Chapter  
PO Box 248 Lukachukai, Arizona 86507  
Fax #: (928)787-2332  
Email Address: lukachukai@navajochapters.org

### APPLICANT RESPONSIBILITY

- \* Make sure all information is current. Inconsistent information will result in your application information not being verified and a denied application.
- \* Application and attachments will not be reviewed prior to the deadline, so please make sure all information is correct and all documents are attached.
- \* Please read the "Lukachukai Chapter Scholarship Funds Policies and Procedures on the chapter website.

Lukachukai Chapter  
 P.O. Box 248, Lukachukai, Arizona 86507  
 Phone: (928) 787-2500 Fax: (928) 787-2332  
 Email: lukachukai@navajochapters.org

Received

**Lukachukai Chapter Scholarship Funds Application**

*Please print legibly and complete all fields & read information on back of application*

PERSONAL INFORMATION			
<input type="checkbox"/> Mr.	Last Name	First Name	Middle Initial
<input type="checkbox"/> Ms.			
Social Security Number	Census Number	Date of Birth	Telephone Number
Email Address		Message Phone Number(s)	
Current Mailing Address	City	State	Zip Code
Physical Address with Home Description		City	State
If under 18 years old, is your parent registered with the Lukachukai Chapter?		<input type="checkbox"/> Yes <input type="checkbox"/> No Parent Name: _____	
Are you registered with the Lukachukai Chapter?		<input type="checkbox"/> Yes <input type="checkbox"/> No Parent Census Number: _____	
Have you or anyone in your household received any chapter financial scholarships within the last 12 months?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who received it, person's census number, and when they received it: _____			

EDUCATION INFORMATION			
Term Applying For:		For the term you are applying for, please provide the following information:	
Institution You Will Be Attending	City	State	Enrolled Credit Hours
Degree & Major			
<input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate If pursuing a degree, please indicate Major: _____			
Certificate & Area of Study			
<input type="checkbox"/> Certificate <input type="checkbox"/> Other If pursuing a certificate, please indicate Area of Study: _____			

ATTACHMENTS	
Attach the following documents:	
<input type="checkbox"/> Lukachukai Chapter Scholarship Funds Application	
<input type="checkbox"/> All Required Documents (Current Official Transcript, Class Schedule, NN Voter's Card, C.I.B., Identification Card, SS Card).	

*I certify the information provided in this application and attachments are correct to the best of my knowledge.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR ADMINISTRATION USE ONLY					
<b>Complete Application</b> (highlight incomplete fields)	Yes	No	<b>Applicant registered with the Lukachukai Chapter</b>	Yes	No
					<b>Attachments verify Term, Credits &amp; Institution</b>
					Yes No
<input type="checkbox"/> Approved	Amount \$ _____		Check Number _____		
<input type="checkbox"/> Denied	Reason _____				
Reviewed & Verified _____			Date _____		