

Lukachukai Chapter Government

P.O. Box 248, Lukachukai, Arizona 86507
 Phone: (928) 787-2500 Fax: (928) 787-2332
<https://lukachukai.navajochapters.org>

Lukachukai Chapter Financial Scholarship Program

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

Received

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 Financial Scholarship Program Application	
<input type="checkbox"/> All Required Documents (Current Official/Unofficial Transcript, 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					
Complete Application (highlight incomplete fields)	Yes	No	Applicant registered with the Lukachukai Chapter	Yes	No
<input type="checkbox"/> Approved	Amount	_____	Check Number	_____	
<input type="checkbox"/> Denied	Reason	_____			
Reviewed & Verified			Date		

Lukachukai Chapter Government

Financial Scholarship Program

Eligibility

- * Student must provide enrollment verification to a college or university, including vocational and technical programs;
- * Student must be enrolled as full-time (12 or more hours) or part-time (under 11 credit hours); and
- * Student must be a current registered voter with the Lukachukai Chapter. If student is under 18 years of age, his or her parent or guardian must be a current registered voter with the Lukachukai Chapter.
- * Students shall obtain a cumulative Grade Point Average of 2.5 and be in good standing with their educational institution.

Applicant Procedure

- * Applicant must submit a Lukachukai Chapter Government Student Financial Assistance application and required documents to the Lukachukai Chapter Administration by the deadline.

* Deadline: **Fall Semester: 9/30** **Spring Semester: 01/31**

* Checklist:

Complete Lukachukai Chapter Financial Scholarship Application

Please make sure all fields are completed. Please use your enrollment documents (i.e.: course schedule, admission letter, etc.) to assist you with the education section. All information provided on the application is verified exactly as printed on the attachments.

Current Official/ Unofficial Transcript/ Grade Report

Please attach documents that verify the information in Education Information: institution name, type of degree/certificate, major/area of study, and enrolled credit hours, etc. Please ensure personal information on documents exactly match the information provided on the application.

Copy of valid Navajo Nation Voters Card with Lukachukai Chapter

If under 18 years of age, will need parent(s) verification of voter's registration with the Chapter. (Registration verification may be verified by the Chapter Administration through request from the Navajo Nation Election Office.)

Copy of C.I.B. (Certificate of Indian Blood), Identification Card or State issued Drivers License, and Social Security Card.

Required Documents may be mailed/Faxed/Emailed to:

P.O. Box 248 Lukachukai, Arizona 86507

Fax: (928) 787-2500

Email: lukachukai@navajochapters.org

Applicant Responsibility

- * Make sure all information is current. Inconsistent information (addresses, majors, etc.) 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 Financial Scholarship Program Policies and Procedures" on our Website for more information.