

Lukachukai Chapter Scholarship Funds

NAME: _____

SEMESTER: _____

ELIGIBILITY

- * **Student must be a registered voter with Lukachukai Chapter for at least 6 months.**
- * **Student are eligible once per Navajo Nation Fiscal Year** between October 1st to September 30th.
- * *Undergraduate* students are considered full time (12 credit hours or more) and/or part-time (3-11 credit hours) from an accredited College, University, or Institution.
- * *Graduates* students are considered full time (9 credit hours or more) and/or part-time (3-8 credit hours) from an accredited College, University, or Institution.
- * Must maintain a cumulative **Grade Point Average** of **2.00** and be in **good standing** on their transcripts.

APPLICANT PROCEDURE

- * **Applicant must submit a chapter scholarship funds application and required documents to the Lukachukai Chapter by the deadline to be considered:**

* **DEADLINES:** 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 including signature and date.
- Current Acceptance Letter/Verification of Enrollment** for the semester.
- Current Official Transcript** from the previous educational institution
- Current Class Schedule** of Semester
- Copy of Navajo Nation Voter Registration Card** or can be verified in Active Voter Registration Log
If under 18 years of age, applicant 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 CAN BE MAILED, FAXED OR EMAILED TO:

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

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

Terms Applying For
20 **FALL**
20 **SPRING**
20 **SUMMER**

SCHOLARSHIP FUNDS APPLICATION

| | | | | |
|---|---------------------|-----------------------------|---------------|------------------|
| Census No. | Social Security No. | Applicant's Name: (Last) | (First) | (Middle Initial) |
| Email Address: | | Date of Birth: | Phone # | |
| Current Mailing Address: | | (City) | (State) | (Zip Code) |
| 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 a registered with the Lukachukai Chapter? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Parent Census Number: _____ | | |
| Have you received chapter scholarship assistance? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | If yes, when? | |

EDUCATION INFORMATION

| | | | | | |
|--|--|--------------------------------------|---------------------|------------------|----------------------------|
| Institution you will be attending: | | City: | State: | | |
| Type of Degree/Major You Will Earn: (Circle One) | Diploma or Certificate | Associates: A.S./A.A./A.A.S. | Bachelors: B.A/ B.S | Masters: M.A/M.S | Doctorate: Ed. D/M.D./PH.D |
| Please indicate Major or Area of Study: | | | | | |
| I will be attending college: (please check one) | | | | | |
| <input type="checkbox"/> Undergraduate Full-Time (12 Credit Hours or more) | <input type="checkbox"/> Graduate Full-Time (9 Credit Hours or more) | <input type="checkbox"/> Certificate | | | |
| <input type="checkbox"/> Undergraduate Part-Time (3-11 Credit Hours) | <input type="checkbox"/> Graduate Part-Time (3 to 8 Credit Hours) | | | | |

I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE.

 Applicant Signature

 Date

FOR OFFICE USE ONLY:

| | | |
|------------------------------|-------------------------------|-----------------------|
| Application Complete: YES NO | Enrollment Status: FT PT CERT | Chapter Meeting Date: |
|------------------------------|-------------------------------|-----------------------|

Approved Check Amount: _____ Check #: _____
 Denied Reason: _____

 Reviewed & Verified

 Date