



**Oak Springs Chapter**  
 Fort Defiance Agency-District #18  
 P.O. Box 486 Window Rock, Arizona 86515  
 Phone: (928) 871-6179 Fax: (928) 871-6182

OFFICIAL USE ONLY	
CLOCKED IN	
EMPLOYEE'S	

**SCHOLARSHIP FINANCIAL ASSISTANCE CHECK OFF LIST**

This agreement is made and entered into the academic school year of \_\_\_\_\_.

- APPLICATION**—Completed and signed by applicant.
- SCHOLARSHIP AGREEMENT**—Read and sign to ensure applicant’s understanding of Oak Springs Chapter’s policies and procedures.
- LETTER OF ADMISSION/ENROLLMENT VERIFICATION**—Applicants must be admitted to postsecondary institution accredited by one of six accredited associations, as recognized by the Navajo Nation .
- TRANSCRIPT**—Official sealed college, high school transcripts, and/or GED scores. Mail to attention of Oak Spring Chapter Scholarship Financial Assistance.
- CURRENT CLASS SCHEDULE**—Applicant will be determined full-time/part-time by the number of credit hours. Required for all FIRST TIME and RETURNING applicants.
- SOCIAL SECURITY CARD**—Copy of signed Social Security card to ensure a U.S. Citizenship.
- CERTIFICATE OF INDIAN BLOOD**—Copy of official CIB with seal verifying legal Navajo Nation enrollment. Required for all FIRST TIME and RETURNING applicants.
- NAVAJO NATION VOTER’S REGISTRATION CARD**—Copy of NN Voter’s Registration Card to verify applicants chapter affiliation. If under the age of 18, parent or legal guardian must submit copy of their Navajo Nation’s Voter Registration. Required for all FIRST TIME and RETURNING applicants.

*If approved, the applicant is required to retrieve their scholarship disbursement at Oak Springs Chapter. If you wish to send someone else to retrieve the disbursement, please send a letter authorizing that individual.*

**Scholarships are approved on a first come, first served basis.**

**DEADLINE FOR APPLICATION(S)**  
**SPRING: JANUARY 31, 2018 @ 5:00 PM**



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## SCHOLARSHIP FINANCIAL ASSISTANCE APPLICATION

<b>CHECK ONE:</b>				<b>CHECK ONE:</b>			
<input type="checkbox"/> NEW Student (First Time Applicant) <input type="checkbox"/> CONTINUING Student (Approved Subsequent Semester) <input type="checkbox"/> RETURNING Student (Previously Applied)				20__ Spring Semester 20__ Fall Semester			
Legal Name: (Last Name)		(First Name:)		MI (Maiden)	Social Security No.:		Census No.:
Permanent Mailing Address:				City/State/Zip Code		Telephone No.:	
				Home:		Email Address:	
				Mobile:		Navajo Chapter House Affiliation:	
Date of Birth:	Gender: Male / Female	Marital Status:	No. Of Dependents:	Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO		Disabled/Special Need? <input type="checkbox"/> YES <input type="checkbox"/> NO	
High School or G.E.D. Center: (Name & Location)				High School Diploma or G.E.D. Received: Month/Year:			
Highest Grade Completed:				<input type="checkbox"/> 1-Year College		<input type="checkbox"/> 2-Year College	
				<input type="checkbox"/> Technical or Trade		<input type="checkbox"/> Other: _____	
Name: _____ City: _____ State: _____ Zip Code: _____							
Fill in your major on your selected degree:							
A.A. _____		B.A. _____		M.A. _____		Other: _____	
A.S. _____		B.S. _____		M.S. _____		_____	
A.A.S. _____		_____		_____		_____	
Educational Institute (e.g. College, University, etc.) you will attend:							
Name: _____ City: _____ State: _____ Zip Code: _____							
Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate				Is your GPA better than a 2.0? YES NO			
MAJOR as an Undergraduate:				Anticipated Month/Year to Graduate:		Current enrollment Status: (Circle One)	
						Full-Time Part-Time Less than Part-Time	
MAJOR as a Graduate:				Anticipated Month/Year to Graduate:		Current enrollment Status: (Circle One)	
						Full-Time Part-Time Less than Part-Time	

Have you ever applied for Oak Springs Scholarship? YES NO If yes, when? \_\_\_\_\_

Have you ever received an Oak Springs Scholarship? YES NO If yes, when? \_\_\_\_\_

**PLEASE ENSURE THAT ALL THE REQUIRED DOCUMENTS ON THE CHECKLIST ARE SUBMITTED WITH YOUR APPLICATION BY THE DUE DATE.**

**By signing, I acknowledge that all information listed are true to the best of my knowledge.**

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*Note: Chapter Scholarship Financial Assistance is ONLY a supplemental to any College/University or Vocational School scholarship awards/grants. Chapter Award may be provided to you based on academic eligibility and/or availability of Chapter funds.



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## OAK SPRINGS CHAPTER SCHOLARSHIP AGREEMENT

This agreement is made and entered into the academic school year of \_\_\_\_\_.  
(month/day/year) as indicated on the application. Hence forth, the Oak Springs Chapter Administration allows the following agreement between \_\_\_\_\_ (print name) and the Oak Springs Chapter.

### I. All Applicants:

- A. Shall submit a completed and signed Oak Springs Chapter Scholarship Application.
- B. Letter of Admission or Enrollment Verification— Undergraduate students must be officially and fully admitted to a post-secondary institution i.e. colleges, universities, vocational training, and etc. A letter from the school verifying enrollment at the institution for the Fall or Spring term will also be accepted.
- C. Official Transcript— No copies or print outs of transcripts will be accepted. Official Transcripts need to be sealed. First year applicants must submit their high school official transcripts. College students must submit their official transcripts from the prior semester.
- D. Current Class Schedule— Verification of class enrollment which also identifies the amount of credit hours the applicant is taking.
- E. Voter's Registration Card— All applicants must be registered with Oak Springs Chapter.  
**\* Navajo Nation Voter's Registration Card Only. If under the age of 18, parent must Submit a copy of their Navajo Nation Voter's Registration Card.**
- F. Copy of Social Security Card— Verification of U.S. Citizenship.
- G. Copy of Certificate of Indian Blood-Verification of 1/4 or more Navajo Tribal Indian Blood.
- H. Shall submit and provide all required documents before the specified deadline date by mail or personally deliver it to Oak Springs Chapter Administration. No faxes will be accepted.
- I. Shall understand his/her rights and responsibilities regarding Oak Springs Chapter Scholarship Policies stated herein.

### I. Other Provisions:

- A. Shall abide by and comply with the specific policies, procedures and requirements of the Oak Springs Chapter's In-house Policies.
- B. Shall also seek other available grants or scholarships from Federal, State and other Institutions that are separate from Chapter Scholarships.
- C. Shall comply with the academic standards:
  1. Full time student undergraduate financial assistance:
    - a. Earn twelve (12) or more semester credit hours, or equivalent amount of quarter or trimester credit hours.



## Oak Springs Chapter

### OAK SPRINGS CHAPTER SCHOLARSHIP AGREEMENT PAGE 2

- b. Have a cumulative GPA of 2.00 or higher. Exceptions to policy guidelines, the chapter administration shall follow the policy provisions for Special Needs Applicants.
- c. Must maintain enrollment through out the semester and school year. Any disenrollment or withdrawal will constitute a breach of this contract and will require the student to reimburse Oak Springs Chapter the full disbursement amount. **Failure to comply will result in legal action by the**
- d. Failure to comply with all the above will cause forfeiture of chapter scholarship for a period of two years.
- e. The scholarship recipient who did not earn enough credit hours and withdraws from college, university, or vocational institution shall be interviewed by the Chapter Manager to determine whether the reasons are justifiable. If it is justifiable, the recipient shall be put on probationary status for the semester. However, if determined unjustifiable, the recipient violates the terms of this agreement as prescribed in 2.C.1.d.

#### Acceptance of Agreement

**I have read, understand, shall accept and abide by the terms and conditions stipulated in the Above agreement. I will be bound by the responsibilities and consequences thereof.**

\_\_\_\_\_  
Name of student (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter President

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter Secretary/Treasurer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Service Coordinator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**STUDENT CONSENT TO RELEASE INFORMATION**

Oak Springs Chapter requires your written authorization for your confidential information. This requirement is in compliance with the Privacy Act (Public Law 93-579) to protect and control the federal government's collection and dissemination of personal information on individual citizens. The Act does not allow any person(s) to have access to an individual's information without consent, therefore, to authorize release of any information to person(s) other than yourself, you must provide a written consent to authorize so.

**This form will allow you to designate other(s) who will have access to your Oak Springs Chapter files and/or records. You can also limit the amount of information we can release to the designated individual(s)**

Applicant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I authorize the following individual(s) to have access to my Oak Spring Chapter Financial Assistance file to make inquires on my behalf, regarding my application status and eligibility.

- |    |                          |             |       |                |       |
|----|--------------------------|-------------|-------|----------------|-------|
| 1. | _____                    | Full Access | _____ | Limited Access | _____ |
|    | Print Name of Individual |             |       |                |       |
| 2. | _____                    | Full Access | _____ | Limited Access | _____ |
|    | Print Name of Individual |             |       |                |       |

Limited Access Only - Please specify below, what information is limited.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_