BÁÁHÁÁLÍ CHAPTER

OFFICE USE ONLY:

DATE STAMP:

All Documents In: Y N

SCHOLARSHIP APPLICATION

PO Box 6118 Gallup, New Mexico 87305

Office: 505-778-5788/778-5796 Fax: 505-778-5915

**NEW STUDENT APPLICATION CHECKLIST**

**APPLICANTS MUST SUBMIT ALL PAPERWORK LISTED BELOW BEFORE HIGHLIGHTED DEADLINE**

1. APPLICATION—Complete the Chapter Scholarship Application
2. CERTIFICATION OF INDIAN BLOOD—a copy is acceptable
3. LETTER OF ADMISSION—first-time applicants (includes 1st year graduate students) must submit a Letter of Admission.
4. SOCIAL SECURITY CARD—A copy is acceptable
5. LETTER OF INTEREST—A current letter of interest is required for **each** semester applied. Please include your name, name of the university you are attending, major, and reason for applying for the chapter scholarship.
6. NAVAJO NATION VOTER’S REGISTRATION CARD—A copy is acceptable.
7. PROOF OF IDENTIFICATION— Student ID or Driver’s License

**DEADLINES**

**Fall Semester August 8, 2022 @ 4:00 pm**

***Spring Semester ’23 January 9, 2023 @ 4:00 pm***

**\*AWARDS ARE SUBJECT TO FUND AVAILABILITY AND ELIGIBILITY**

General Eligibility

* All applicants must be admitted to a post-secondary institution accredited by one of six regional accrediting associations as recognized by the Navajo Nation:

MSA-Middle States Association of Colleges and Schools

NCA-North Central Association of Colleges and Schools

NEASC-New England Association of Schools and Colleges

NASC-Northwest Association of Schools and Colleges

SACS-Southern Association of Colleges and Schools

WASC-Western Association of Schools and Colleges

* The appropriate accrediting association for highly specialized majors including, but not limited to, the National Architectural Accrediting Board for schools of architecture.
* Vocation Institutions chartered by the Navajo Nation.

Date: Term Applying For:

PERSONAL AND FAMILY DATA

Legal Name: (Last, First, Middle Initial)

Social Security No: Census Number:

Date of Birth: Sex: Male or Female Veteran: Y or N

Marital Status: Spouse’s Name: No. of Children:

Current Mailing Address (Address, City, State, Zip Code):

**E-mail Address** (**for scholarship application follow-up purposes**):

Phone Number: Cell Phone:

Mother’s Name: Tribe/Chapter Affiliation:

Father’s Name: Tribe/Chapter Affiliation:

EDUCATION DATA

High School: (Name, City, State)

Graduation or GED Certificate Received: (Month & Year)

College or University Attending:

Location: (City, State)

Major: Type of Degree Seeking:

College Classification:

Freshman Sophomore Junior Senior Graduate Student Post-Graduate

STUDENT AGREEMENT

The student, to ensure reconsideration for the next application received by the office, must meet the following conditions:

1. Attend the institution, as stated on the letter of admission (or schedule of classes).
2. Submit an official grade report to the Bááháálí Chapter no later than 15 days after the completion of the academic term.
3. Earn a **2.25** grade point average for the semester and overall GPA.

I, , certify that the above institution is correct to the best of my knowledge. I also understand that if I do not complete this application fully, have missing information, or do not sign the consent form, then I will be ineligible to receive the scholarship until it is corrected. If and when this application is approved, I shall accept and abide by the terms and conditions above and will be bound by the responsibilities and consequences thereof and give permission to the Bááháálí Chapter to receive my transcripts.

Signature Date

**Student Consent to Release Information**

Bááháálí Chapter requires your written authorization to release your confidential information. This requirement is in compliance with the Privacy Act of 1974 (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 consent in writing.

This form will allow you to designate who will have access to your Bááháálí Chapter file or records. You can also limit the amount of information we can release to those individuals. Please complete and return the following information and return to Bááháálí Chapter.

**Applicant’s Name: Social Security No:**

I authorize the following individual(s) to have access to my Bááháálí Chapter Scholarship folder to make inquiries on my behalf regarding my application status and eligibility. (Please Print)

1. Full access \*Limited access

Name of Individual

2. Full access \*Limited access

Name of Individual

3. Full access \*Limited access

Name of Individual

• \*Limited access only - please specify below what access the individual is limited to:

**Applicant’s signature: Date**

**(Not valid without Student Signature)**

***NOTE: Scholarship application deadline is final.* If you are not able to submit a required document i.e. previous semester transcript or new class schedule, by the application deadline, please contact the chapter staff via email at** [**baahaali@navajochapters.org**](mailto:baahaali@navajochapters.org)

**SAMPLE:** LETTER OF INTEREST

Student Address

Student City, State, Zip Code

Date

Gloria M. Skeet, Chapter Manager

Bááháálí Chapter

PO Box 6118

Gallup, New Mexico 87305

Dear Ms. Skeet:

Greetings! My name is and I am attending (College/University). I will be majoring in , minoring in . I am applying for the Bááháálí Scholarship because I (Please include what you would like to accomplish with your degree and how you plan to use your degree to assist your community/people).

I appreciate the opportunity the chapter has given me in applying for the Bááháálí Chapter Scholarship. If you have any questions, please contact me at (phone number and email address).

Sincerely,

Your Name