

# BODAWAY/GAP CHAPTER SCHOLARSHIP PROGRAM

*An Enterprise of the Navajo Nation*  
Western Agency - Navajo Nation

## APPLICANTS INFORMATION CHECK LIST

**For proper processing, application must be hand delivered to the CHAPTER ADMINISTRATION OFFICE; not all applications will be approved and only one application per household is accepted no exceptions.**

**\*\*Applying Students must FILL OUT application and bring in ALL REQUIRED DOCUMENTS\*\***

- Complete Scholarship Application
- Copy of Photo ID
- Copy of SIGNED Social Security Card
- Copy of Navajo Nation CIB
- Bodaway/Gap Voter Registration Card  
If under 18 years, Parent's Voter Card will be used  
If over 18 yrs, student MUST be registered 6 months\*
- OFFICIAL Letter of Enrollment Verification  
(NO class schedule or admission letter will be accepted)
- OFFICIAL School Transcript  
(mailed or hand delivered in a SEALED envelope)
- Commitment Letter of Community Involvement
- Release of Information Form *(must be signed)*

\* If not registered, students will need to register. Both their voter's card and parents' voter card will be used at this time. Parents must be a registered one (1) year prior to applying.

- 1 A list of all REQUIRED Documents will be attached with applications.
- 2 Applications will be handed out till specified available dates. NO EXCEPTIONS
- 3 Applications will not be accepted after specified due dates. NO EXCEPTIONS
- 4 COMPLETED Applications will be processed on first come first served basis.
- 5 Any missing documents will deem the application as incomplete.
- 6 Incomplete applications will not be accepted and returned to you.
- 7 No FAXES or EMAILS of OFFICIAL documents will be accepted
- 8 Completed Applications MUST be turned in at the Chapter Administrative Office ONLY.
- 9 Applicants are responsible for representing their applications at a Planning or Regular Meeting
- 10 Applications will be approved/disapproved at a duly called Regular Chapter Meeting.
- 11 Applicants will be called and informed on application status: Approved or Denied
- 12 Applicants must complete commitment of involvement before the End of the Fiscal Year.

**Bodaway/Gap Chapter registered Students are eligible for one scholarship awards per Navajo Nation FISCAL YEAR  
FY: October 01, 2015 - September 30, 2016**

- 1st Qtr Assistance: October 2015 - December 2015**  
Applications Available October 03, 2015  
Applications Due by 1:00 p.m. on Friday December 16, 2015
- 2nd Qtr Assistance: January 2016 - March 2016**  
Applications Available January 01, 2016  
Applications Due by 1:00 p.m. on Thursday January 15, 2016
- 3rd Qtr Assistance: April 2016 - June 2016**  
Applications Available April 01, 2016  
Applications Due by 1:00 p.m. on Thursday June 18, 2016
- 4th Qtr Assistance: July 2016 - September 2016**  
Applications Available July 01, 2016  
Applications Due by 1:00 p.m. on Thursday September 17, 2016

**Remember to get dates for Chapter Planning and Regular Meetings. If your application is not represented at either meetings, you will not be eligible for assistance.**

\*\*\*\*\*Navajo Nation Fiscal Year 2016 Calendar\*\*\*\*\*

OCTOBER 2015							JANUARY 2016							APRIL 2016							JULY 2016								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
4	5	6	7	8	9	10	3	4	5	6	7	8	9	3	4	5	6	7	8	9	3	4	5	6	7	8	9		
11	12	13	14	15	16	17	10	11	12	13	14	15	16	10	11	12	13	14	15	16	10	11	12	13	14	15	16		
18	19	20	21	22	23	24	17	18	19	20	21	22	23	17	18	19	20	21	22	23	17	18	19	20	21	22	23		
25	26	27	28	29	30	31	24	25	26	27	28	29	30	24	25	26	27	28	29	30	24	25	26	27	28	29	30		
							31														31								
NOVEMBER 2015							FEBRUARY 2016							MAY 2016							AUGUST 2016								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
1	2	3	4	5	6	7	1	2	3	4	5	6	1	2	3	4	5	6	7	1	2	3	4	5	6	7			
8	9	10	11	12	13	14	7	8	9	10	11	12	13	8	9	10	11	12	13	14	7	8	9	10	11	12	13		
15	16	17	18	19	20	21	14	15	16	17	18	19	20	15	16	17	18	19	20	21	14	15	16	17	18	19	20		
22	23	24	25	26	27	28	21	22	23	24	25	26	27	22	23	24	25	26	27	28	21	22	23	24	25	26	27		
29	30						28	29						29	30	31					28	29	30	31					
DECEMBER 2015							MARCH 2016							JUNE 2016							SEPTEMBER 2016								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
			1	2	3	4	5				1	2	3	4	5				1	2	3	4				1	2	3	4
6	7	8	9	10	11	12	6	7	8	9	10	11	12	5	6	7	8	9	10	11	4	5	6	7	8	9	10		
13	14	15	16	17	18	19	13	14	15	16	17	18	19	12	13	14	15	16	17	18	11	12	13	14	15	16	17		
20	21	22	23	24	25	26	20	21	22	23	24	25	26	19	20	21	22	23	24	25	18	19	20	21	22	23	24		
27	28	29	30	31			27	28	29	30	31			26	27	28	29	30			25	26	27	28	29	30			

**(Meetings are subjected to change without notice, please call the Administration to confirm dates during the month you are interested in attending.)**

Chapter Scholarship Applications available

Application Due Dates 5:00 p.m. deadline

**PLEASE KEEP FOR YOUR FILE and Make a Copy of Submitted Application for your record**

# BODAWAY/GAP CHAPTER

*An Enterprise of the Navajo Nation*

Post Office Box 1546, The Gap, AZ 86020

Phone: (928) 283-3493 Fax: (928) 283-3496

## Chapter Scholarship Application

Please print clearly and complete application carefully. DO NOT leave sections blank. If it does not apply indicate "N/A"  
Turn in application with applicable signature. If this form is incomplete, inaccurate, or not signed, it will not be considered.

### SEMESTER TERM APPLYING FOR

FALL TERM 20	WINTER TERM 20	SPRING TERM 20	SUMMER TERM 20
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Legal Name: (last, first, middle)		Census No:		Social Security No.:	
Current Mailing Address: (PO Box #, City, State, Zip Code)				Telephone No.:	
Physical Address:				Mobile No:	
Date of Birth:		Gender:	Marital Status:		No. of Dependents:
Are you a Veteran? NO: <input type="checkbox"/> YES: <input type="checkbox"/>			Military Service Branch:		
Entrance Date:		Discharge Date:		Draft Classification:	
Mother's Name:			Father's Name:		
Phone:			Phone:		
Chapter Affiliation: (Required)			Chapter Affiliation: (Required)		

### EDUCATION INFORMATION

High School: (Name & Location)		High School Diploma or GED received:	
College, University, or Technical School: (Name, City, State, Zip)		Type of Term (Circle One) Semester    Quarter    Trimester	
Type of Degree you are seeking:		Enrollment Status: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Certificate:	Associates:	Bachelors:	
Masters:		Doctorate:	

<b>Undergraduate/Graduate:</b>	<b>Anticipated Date of Graduation: Month/Year</b>
<b>Graduates ONLY: Program or Department Accepted Into:</b>	<b>Anticipated Date of Graduation: Month/Year</b>

I certify that the statements herein are true to the best of my knowledge and grant permission for the information contained herein to be shared with chapter officials if need be. I also recognize the advisability of communicating a letter of thanks to the chapter.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Chapter Office Use Only:	
<b>Student Name:</b>	<b>Term Applying for:</b>
<input type="checkbox"/> Completed Scholarship Application: <input type="checkbox"/> Copy of Photo ID: <input type="checkbox"/> Copy of Signed Social Security: <input type="checkbox"/> Copy of Navajo Nation CIB:	<input type="checkbox"/> Copy of Bodaway/Gap Chapter Voter Registration: <i>(If under 18 years, parent's voters Card will be used; If over 18 years, student must be registered at least 6 months)</i> <input type="checkbox"/> OFFICIAL Letter of Enrollment Verification: <i>(No class schedule or admission letter will be accepted)</i> <input type="checkbox"/> OFFICIAL School Transcript: <i>(Mailed or hand delivered in a SEALED envelope)</i>
<b>Intake Staff Signature:</b> _____	<b>Date:</b> _____
Recommended for process to the Bodaway/Gap Chapter Officials and for approval or disapproval at a regular scheduled Bodaway/Gap Chapter meeting with a simple majority vote.	
<b>Approved:</b> <input type="checkbox"/>	<b>Disapproved:</b> <input type="checkbox"/>
<b>Notes:</b>	
_____ _____	
<b>Chapter Manager Signature:</b> _____	<b>Date:</b> _____

# LETTER OF COMMITMENT

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

Darlene Zahne, Chapter Manager  
Bodaway/Gap Chapter  
PO Box 1546  
The Gap, AZ 86020

Dear Manager,

This is to inform you that if I am approved for the Chapter Scholarship funding, I will participate in one of the following Chapter activities within the current Fiscal Year:

- Community Thanksgiving Dinner
- Community Christmas Dinner
- Echo Cliffs' Veterans Organization Sponsored Activity
- Other

It will be my responsibility to get dates and times of activities held by the Bodaway/Gap Chapter. I agree to commit myself to assist and help the Bodaway/Gap Chapter in providing service to the community. If I should not fulfil my obligation to participate in a chapter event, I am aware that I will be ineligible to receive assistance from the chapter the next Fiscal Year.

***\*\*Please note: You as an applicant is required to be here to provide services, you can not find a replacement.***

Sincerely,

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of School and Address (attending or will attend):

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

# AUTHORIZATION TO RELEASE INFORMATION FORM

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

Bodaway/Gap Chapter  
PO Box 1546  
The Gap, AZ 86020

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student's Social Security Number: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to release the following:  
Name of School

- Financial or Grants received and/or awarded
- Credit hours and grades
- Currently enrolled, if not enrolled, last semester attended

I understand that my authorization will remain effective from the date of my signature until, \_\_\_\_\_, and that the information will be handled confidentially in compliance with all applicable federal laws. I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

\_\_\_\_\_  
Signature of Student or Student's Designated Representative Date

\_\_\_\_\_  
Witness Date

**Bodaway/Gap Chapter Scholarship Assistance**  
**PROOF OF SERVICES**

Student Name: \_\_\_\_\_

School Term: \_\_\_\_\_

Bodaway/Gap Chapter Event: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Total hours: \_\_\_\_\_

I certify the above information is true, indicating the student above has fulfilled his/her commitment to the Bodaway/Gap Chapter Scholarship requirements.

- Community Thanksgiving Dinner
- Community Christmas Dinner
- Echo Cliffs' Veterans Organization Sponsored Activity
- Other

Please check off which services were provided by the student.

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Chapter Employee Name and Position

Date

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Signature of Chapter Employee