

# Antelope Trail Vendors Organization

Post Office Box 2887 ~ Page, AZ 86040

## SCHOLARSHIP APPLICATION

Please do not leave any boxes blank...fill out as much as you can.

### SEMESTER TERM APPLYING FOR:

FALL SEMESTER 20 \_\_\_\_\_ WINTER SEMESTER 20 \_\_\_\_\_ SPRING SEMESTER 20 \_\_\_\_\_ SUMMER SEMESTER 20 \_\_\_\_\_

LEGAL NAME: (last, first, middle)	CENSUS NO.:	DATE OF BIRTH:	
CURRENT MAILING ADDRESS: (PO Box#, City, State, Zip Code)	TELEPHONE NO:		
PHYSICAL HOME ADDRESS: (required information)	CELLULAR TELEPHONE NO:		
SEX:	MARITAL STATUS:	Are you an ATVO Member? Yes / No	If yes, ATVO Vendor #:

ARE YOU A VETERAN? No _____ Yes _____	Military Service Branch _____	
Entrance Date: _____	Discharge Date: _____	Draft Classification _____

MOTHER'S NAME:	FATHER'S NAME		
CHAPTER REGISTERED WITH:	CHAPTER REGISTERED WITH:		
CONTACT PHONE NO.:	CONTACT PHONE NO.:		
Parents Members of ATVO? Yes / No	If yes, ATVO Vendor #:	Parents Members of ATVO? Yes / No	If yes, ATVO Vendor #:

HIGH SCHOOL: (Name and Complete Address)	GRADUATION DATE:	H.S. DIPLOMA OR G.E.D.?
COLLEGE/UNIVERISTY YOU ATTEND OR WILL BE ATTENDING (Name and Complete Address)	MAJOR	

COLLEGE CLASSIFICATION:

FRESHMAN \_\_\_\_\_ SOPHOMORE \_\_\_\_\_ JUNIOR \_\_\_\_\_ SENIOR \_\_\_\_\_ GRADUATE \_\_\_\_\_ POST-GRADUATE \_\_\_\_\_

WHAT DEGREE ARE YOU SEEKING?

A.A./A.S./A.A.S. \_\_\_\_\_ B.A./B.S. \_\_\_\_\_ M.A./M.S. \_\_\_\_\_ OTHER \_\_\_\_\_

I will be attending College/University. (Please check one)

\_\_\_\_\_ Undergraduate Full-time (12 credit hours or more)

\_\_\_\_\_ Graduate Full-Time (9 credit hours or more)

\_\_\_\_\_ Part-time (Less than full-time credit hours for Undergraduate/Graduate)

Have you received any other Scholarships?

Navajo Nation Scholarship	Yes _____	No _____
Chapter Scholarship	Yes _____	No _____
Other	Yes _____	No _____

If yes, when and where:

- All Applicants Shall:
- Complete Application  
**Deadline: Spring (Jan 17 - March 18); Summer (April 18-June 17); Fall (July 18-Sept 16); Winter (Nov 17-Dec 17)**
  - Submit an official enrollment verification from the respective College/univeristy you will be attending.
  - Official Transcript of last College/university attended, and or/ current Official Transcript.
  - Letter of Interest
  - Other Needed Documents: Photo ID & Certificate of Indian Blood
  - Copy of Navajo Nation Voters Registration Card. Must be member of Bodaway Gap Chapter
  - Class Schedule

\_\_\_\_\_ Student Signature \_\_\_\_\_ Date

Approval Date:	Approval Amount:	Approved Semester: Fall _____ Winter _____ Spring _____ Summer _____	Approval Signature:
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