



BODAWAY/GAP CHAPTER
P O Box 1546 The Gap, Arizona 86020
Phone: (928)283-3493 Fax: (928)283-3496
Email: bodaway@navajochapters.org
Website: Bodaway.navajochapters.org

Chapter Officials:
President: Dorothy Lee
Vice President: Lee Yazzie Jr
Secretary Treasurer: Loretta Seweingyawma
Grazing Official: Leonard Sloan
Farm Board Member: Herbert Zahne

Council Delegate: Paul Begay

REQUIRED DOCUMENTS BEFORE APPLICATIONS CAN BE SUBMITTED

SCHOLARSHIP PROGRAM

- COMPLETED APPLICATION SIGNED & DATED**

- PHOTO IDENTIFICATION CARD**

- BODAWAY/GAP CHAPTER VOTERS CARD**

- SOCIAL SECURITY CARD**

- CERTIFICATE OF INDIAN BLOOD (C.I.B)**

- OFFICIAL LETTER OF ENROLLMENT VERIFICATION**

- OFFICIAL SCHOOL TRANSCRIPT**

**ALL INFORMATION IS TO BE PROVIDED BEFORE APPLICATION WILL BE ACCEPTED
PLEASE NOTE THAT ALL APPLICATIONS WILL NOT BE APPROVED. INQUIRE ON APPLICATION
STATUS AFTER TWO WEEKS**



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Chapter Scholarship Application

Please print clearly and complete 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

<input type="checkbox"/> FALL TERM 2021	<input type="checkbox"/> WINTER TERM 2021	<input type="checkbox"/> SPRING TERM 2021	<input type="checkbox"/> SUMMER TERM 2021
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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:	
Date of Birth:	Gender	Marital Status:	No. of Dependents:
Are you a Veteran? NO: YES:		Military Service Branch:	
Entrance Date:		Discharge Date:	Draft Classification:
Mother's Name:		Father's Name:	
Phone:		Phone:	
Chapter Affiliation: (Required)		Chapter Affiliation: (Required)	

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:	Associate:	Bachelors:
Masters:	Associate:	

UNDERGRADUATE/GRADUATE:	ANTICIPATED DATE OF GRADUATION:
	MONTH/YEAR
GRADUATES ONLY:	ANTICIPATED DATE OF GRADUATION:
PROGRAM OR DEPARTMENT ACCEPTED INTO:	MONTH/YEAR



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I certify that the statement herein is 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

Students Name: _____

Term Applying for: _____

- Completed Scholarship Application
- Copy of Photo ID:
- Copy of Signed Social Security:
- Copy of Navajo Nation C.I.B:

- Copy of Bodaway Gap Chapter Voter Registration: (If under the age of 18 years old, the parent's voters' card will be used, if over 18 years student must be registered at least 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)

Chapter Staff Signature: _____ Date: _____

Recommended for process to the Bodaway Gap Chapter Officials and for approval at a regular scheduled Bodaway Gap Chapter meeting with a simple majority vote.

Approved: Disapproved:

Notes:

Chapter Manager Signature: _____ Date: _____



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AUTHORIZATION TO RELEASE INFORMATION FORM

Date: _____

Bodaway Gap Chapter
P.O. Box 1546
The Gap, Arizona 86020

Students Name: _____ Date of Birth: _____
Students 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 attendance
-

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 Students Designated Representative

Date:

Witness

Date:



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LETTER OF COMMITMENT

Date: _____

Bodaway Gap Chapter
P.O. Box 1546
The Gap, Arizona 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 fulfill 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):



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

Student Name: _____ School Term: _____

Bodaway Gap Chapter Event: _____

Date of Services: _____ Total Hours: _____

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

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

Please check off which services were provided by the student.

Chapter Employee Name and Position:

Date:

Signature of Chapter Employee:



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**BODAWAY GAP CHAPTER
NAVAJO NATION WESTERN AGENCY
POST OFFICE BOX 1546 THE GAP, ARIZONA 86020
PHONE: 928-283-3493 FAX: 928-283-3496**

**MAP OF PROPERTY
PROJECT SITE LOCATIONS
(DETAILED DIRECTIONS)**



APPLICANTS NAME: _____ **DATE:** _____

CHAPTER: _____ **AGENCY:** _____



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BODAWAY/GAP CHAPTER SCHOLARSHIP PROGRAM

Western Agency – Navajo Nation

APPLICANTS INFORMATION CHECK LIST

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

- **Applying Students must FILL OUT application and bring 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 old, Parent's Voter Card will be used
If over 18 years old, student MUST be registered for 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 the same time. Parents must be a registered voter for one (1) year prior to applying.

Bodaway/Gap Chapter registered students are eligible for one scholarship awards per Navajo Nation FISCAL YEAR.
FY: October 01, 2021 – September 30, 2022

1st Qtr Assistance: October 01, 2020 - December 31, 2020
Applications Available October 02, 2020
Applications Due by 1:00 pm on Friday December 18, 2020

2nd Qtr Assistance: January 02, 2021-March 31, 2021
Applications Available January 02, 2021
Applications Due by 1:00 pm on Friday March 19, 2021

3rd Qtr Assistance: April 01, 2021 - June 30, 2021
Applications Available April 02, 2021
Applications Due by 1:00 pm on Friday June 18, 2021

4th Qtr Assistance: July 01, 2021 -September 30 2021
Applications Available July 02, 2021
Applications Due by 1:00 pm on Friday September 17, 2021

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

1. A list of all REQUIRED Documents will be attached with applicants.
2. Applicants will be handed out till specified available dates. NO EXCEPTIONS.
3. Applicants 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. Applicants 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.