

# MARIANO LAKE CHAPTER SCHOLARSHIP CHECK OFF LIST

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Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Census No.: \_\_\_\_\_

Semester you are requesting assistance:

Fall Semester 2017

Status:

Full-time       Part-time

Degree:

Associate     Bachelor     Master     Doctorate     Vocational

College/Institution: \_\_\_\_\_

Major: \_\_\_\_\_

City/State: \_\_\_\_\_

GPA: \_\_\_\_\_

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**\*\*\*\* (Office Use Only) \*\*\*\***

NEW STUDENT APPLICANTS:

- Original Mariano Lake Chapter Application
- Copy of Identification Card
- Copy of Certificate of Indian Blood
- Copy of Social Security Card
- Chapter Voter Registration:  
Verified by: \_\_\_\_\_
- Letter of Acceptance
- Class Schedule
- High School Transcript
- Planning Meeting
- Regular Meeting

CONTINUING STUDENT APPLICANTS:

- Original Mariano Lake Chapter Application
- College Transcript
- Class Schedule
- Planning Meeting
- Regular Meeting

\*\*\* NOTE: Scholarship Deadline date: Chapter Meeting Date or August 15, 2017

**OFFICE SPECIALIST USE ONLY**

DATE	APPROVE/DISAPPROVE	RESOLUTION NO.	CHECK NO/AWARD	FUNDS

# MARIANO LAKE CHAPTER

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## SCHOLARSHIP APPLICATION

\_\_\_\_\_  
Date:

### PERSONAL AND FAMILY DATA

NAME: (Last) (First) (Middle) SSN: Census No:

Current Mailing Address: Contact Phone # or Email:

Residential Address: Date of Birth:

Marital Status: If Married, Spouse's Name: No. Of Dependents:

Are you are Veteran: Registered Voter of Mariano Lake Chapter:  
 Yes  No  Yes  No

Mother's Name: Address: Tribe:

Father's Name: Address: Tribe:

### EDUCATIONAL DATA

College/University Classification: (check )

Freshman: Sophomore: Junior: Senior: Graduate: Post Graduate:  
Name of current College Attending: Address:

Type of Degree Seeking: No. Of Current Credit Hours:

Name of High School Attended: Address: Mo. /Yr. Graduated (Diploma/GED)

I CERTIFY THAT ALL ANSWERS PROVIDED ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. This application contains material covered by the NN Privacy Act. Records will not be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of any agencies.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

MEMORANDUM

DATE: July 1, 2017

TO: All Chapter Scholarship Recipients

FROM: Mariano Lake Chapter

SUBJECT: Understanding of Obligation of the Scholarship and Financial Assistance Awards and Chapter Scholarship or Financial Assistance Policies and Procedures

I, \_\_\_\_\_, have read and understood the Chapter Scholarship and Financial Assistance Policies and Procedures.

I, \_\_\_\_\_, understand that upon my award of the Chapter Scholarship and Financial Assistance, I am obligated to utilize the funds for my educational expenses as specified in the scholarship and Financial Assistance Policies and Procedures. I do authorize Mariano Lake Chapter to verify my completion of previous semester. I also understand that as specified in the Chapter Scholarship Policies and Procedures that I will be obligated to repay the awarded funds if I misuse the funds or if I withdraw from school unofficially and without notification to the Mariano Lake Chapter. If not complying with given information, I will be ineligible for Mariano Lake Chapter Scholarship for 365 days from the date my last Scholarship Check was awarded.

SIGNATURE:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature, (If minor) DATE