



**MARIANO LAKE CHAPTER**  
 PO BOX 164  
 Smith Lake, NM 87365  
 Phone (505) 786-2180/2182 Fax (505) 786-2181  
 Email: marianolake@navajochapters.org

## FINANCIAL ASSISTANT APPLICATION

Date:	Last Name:	First Name:	Middle Initial:
Date of Birth:	Social Security No.:	Census No.:	
Mailing Address:	City:	State:	Zip:
Physical Address:	City:	State:	Zip:
Home Phone:	Cell Number:		
E-Mail:	Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Facebook Username:	<b>***IF UNDER 18 YEARS OF AGE ***</b>		
	Mother Name:	Father Name:	
Registered Voter of MLC: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered Voter of MLC: <input type="checkbox"/> Yes <input type="checkbox"/> NO	Registered Voter of MLC: <input type="checkbox"/> Yes <input type="checkbox"/> NO
<b>Educational Information:</b>			
College/University:			
Address:	City:	State:	Zip:
<u>Classification:</u> <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate			
<u>Degree Pursuing:</u> <input type="checkbox"/> Certificate <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> Vocational			
Credit Hours:	Major:	Enrollment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
High School Attended:			
Address:	City:	State:	Zip:
Mo./Yr. Graduated:	Received: <input type="checkbox"/> High School Diploma <input type="checkbox"/> 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 Navajo Nation Privacy Act. Records will not be communicated to anyone or any agency unless requesting in writing, either by the applicant or an officer or employee of any agencies.

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

\_\_\_\_\_  
DATE