



**MARIANO LAKE CHAPTER**  
 PO BOX 897, THOREAU, NM 87323  
 Phone (505) 786-2180/2182 Fax (505) 786-2181  
 Email: marianolake@navajochapters.org

**COVER SHEET FOR HIGHER EDUCATION FINANCIAL ASSISTANCE**

**Fall Semester 2024**                      **Spring Semester 2025**

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

**Student Status:**

**Credit Hours:** \_\_\_\_\_     **Full-Time Student**                       **Part-Time Student**

**Degree:**

**Certificate**     **Associate**     **Bachelor**     **Master**     **Doctorate**     **Vocational**

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

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

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

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

**CHECK LIST**

**REQUIREMENTS:**

**(These documents are required for each application.)**

- Mariano Lake Chapter Application  
(Original or Electronic)
- Identification Card OR Driver's License OR Birth Certificate
- Certificate of Indian Blood
- Social Security Card
- Letter of Acceptance (If new student or transfer)
- Class Schedule (Must Show Credit Hours)
- High School Unofficial Transcript (If first time college student) **OR**
- Unofficial College Transcript (For current college student)
- Chapter Voter Registration:  
Verified By: \_\_\_\_\_

**IMPORTANT NOTES:**

\*\*\* **Application Deadline Date** \*\*\*

Fall Semester 2024 is

**September 13,  
2024 @ 5pm**

- Please bring in **all** supporting documents with the application.
- Applicant is responsible to compile their documents, not the Chapter Staff.
- Incomplete applications will not be accepted. Please comply.

For Use By Mariano Lake Chapter:

NO. OF CREDITS		CREDIT HOUR AWARD AMOUNT		TOTAL	INITIALS
	<b>X</b>	\$35.00 (per credit hour) 12 Hours Limit	=	\$	



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**UNDERSTANDING OF OBLIGATION FOR THE STUDENT FINANCIAL ASSISTANCE, AWARDS, POLICIES AND PROCEDURES**

1. I understand the following obligations for my award of student financial assistance using the Higher Education Financial Assistance (Scholarship) Fund:
  - a. I am obligated to utilize the funds for my educational expenses as specified in the Scholarship Fund and Student Financial Assistance Policies and Procedures.
  - b. I understand that as specified in the Mariano Lake Chapter Scholarship Fund Policies and Procedures that I will be obligated to repay the awarded funds if I misuse these funds.
  - c. I understand that as specified in the Mariano Lake Chapter Scholarship Fund Policies and Procedures that I will be obligated to repay the awarded funds if I withdraw from school unofficially and without notification to the Mariano Lake Chapter.
  - d. I do authorize Mariano Lake Chapter to verify my completion of my previous semester, if there are any questions arising from Mariano Lake Chapter.
  - e. I understand that I am obligated to personally communicate and submit all required documents for my application and process.
  - f. I understand that I am solely responsible for submission of my application and required documents to the Mariano Lake Chapter Administration.
  - g. I understand that I am required to attend the entire duration of the chapter regular meeting for my assistance and that it is my sole responsibility to be present for my request.
  - h. I understand that I am not allowed to authorize persons to communicate on my behalf or call the chapter administration in regards to my request, (and that only in extreme circumstances with the approval of the Community Services Coordinator, may I have representation.)
  - i. I agree to communicate and work with the Mariano Lake Chapter Administration to complete my application process.**
2. I understand If I do not comply with given information, I will be ineligible for Mariano Lake Chapter Higher Education Financial Assistance (Scholarship) for 365 days from the date of my last awarded scholarship check.
3. I have read and understand the Mariano Lake Chapter Higher Education Financial Assistance (Scholarship) Fund and Student Financial Assistance Policies and Procedures.

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Student Signature

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Date



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## HIGHER EDUCATION FINANCIAL ASSISTANCE 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:</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