# TEESTO CHAPTER SCHOLARSHIP

## Student Scholarship Assistance Policy & Procedure

General Information: The Teesto Chapter is a local chapter government of the Navajo Nation to address local needs and concerns of the constituents and members of the Teesto Chapter Community.

Purpose: The intended purpose for the enactment of the Policy is for the implementation at the local chapter government, Local chapter pursuant of the LGA, this policy and procedures to be used by the Chapter for financial reporting and various other compliance requirements. This compliance is in conformity.

#### 1. COMPLIANCE PROCEDURES

Pursuant to resolutions ECHA-4-97, the Education Committee of the Navajo Nation Council approved the revised policies and procedures that administered by the local LGSC and the Teesto Chapter. As directed by this resolution, to comply with the procedures, which are as follows:

- > Submit current Application for Scholarship Assistance
- A copy of Navajo Registered Voter's Registration to Teesto Chapter
- Copy of Social Security Card
- Copy of your Certificate of Indian Blood (CIB)
- Copy of your Letter of Admission or Verification of Continuing Student
- Copy of Previous Semester(s), Official Transcript(s), or Progress Report
- Current or upcoming Class Schedule
- > Chapter will award funds according to established guidelines, upon funds availability

### 2. ELIGIBILITY CRITERIA:

- > Undergraduate students with a minimum of (9) credit hours at an Accredited school.
- Student pursuing a degree includes: Associated, Bachelors, Masters, including Graduate Students.
- Vocational Trade School
- > \$500 per Undergraduate and Graduate Student
- Assistance **ONCE** per Academic Year (Fiscal Year)
- > Overall grade point average (GPA) of 2.5 or higher

#### **DEADLINES:**

Spring - JANUARY 31st

Summer - MAY 31st

Fall - AUGUST 31st

If you have any questions, please contact the Teesto Chapter House @ (928) 657-8042. Your cooperation is greatly appreciated

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P.O. BOX 7385 Winslow, Arizona 86047 TEL: (928) 657-8042 FAX: (928) 657-8046

DATE:

20_	_ Spring Semester
20_	_ Summer Semester
20_	_ Fall Semester

### PERSONAL AND FAMILY DATA

SSN#	CIB#	Legal Name: (Last, First, Middle Initial)					
Current Mailing Address: Ci	ity/State/Zip (Check w	vill be sent to this a	nt to this address, if APPROVED)		Telephone #:		
Permanent Home Address:	City/State/Zip		Teleph		one #:		
Student Email Address: (Ple	ease provide if you wish	to be kept on fun	ding request):				
Date of Birth:	Sex: Marital St	atus:	Spouse's Name:		# of Children:		
Are you a Veteran? YES NO							
Mother's Name:	Address: (	Address: City/State/Zip			2:		
Father's Name:	City/State/Zip		Title:				
High School: (Name, City, S	le One)	Junior	Month & Year of Graduation or GED Certificate				
	Freshmen Sophomore Joollege or University you plan to attend: (Name, City, State)		Senior	Graduate Post-Graduate			
College or University you p	ian to attend: (Name, Ci	ty, State) Major:		Type of Degree you	a are seeking:		
Letter of Acceptance? YES NO			tion of Enrollment: Amount of Request: ES NO \$				
Name of College of University last attended:			& Year:	Have you received Chapter Scholarship Before? YES NO			
If YES, When?			ion:				
certify that the information	is correct to the best o	of my knowledge.					
Signature				-	Date		

Full Time Students – 9 to 12 Credits or more will receive \$500.00 Part Time Students – will receive \$400.00 (Part-time status is determined by the institution's administration office) Revised September 30, 2014