



COPPERMINE CHAPTER CHAPTER ASSISTANCE APPLICATION FORM

*Applicant's are required to fill out a new application form for each assistance
Incomplete application forms will NOT be accepted*

*** MUST BE A REGISTERED VOTER WITH COPPERMINE CHAPTER IN ORDER TO RECEIVE ASSISTANCE**

Name of Applicant _____ Date _____
 Address _____ City _____ State _____
 Social Security # _____ Census # _____

Please submit the following:

Certificate of Indian Blood Photo ID Voter Registration Card

TYPE OF ASSISTANCE REQUESTED

Chapter Scholarship <input type="checkbox"/>	Hay <input type="checkbox"/>	Facility Usage <input type="checkbox"/> <small>*\$50.00 fee + NN tax</small>
Funeral <input type="checkbox"/>	Fuel <input type="checkbox"/>	Firewood <input type="checkbox"/>
Medical <input type="checkbox"/>	Water <input type="checkbox"/>	Veteran <input type="checkbox"/>
Utilities <input type="checkbox"/>	Emergency <input type="checkbox"/>	Housing Materials <input type="checkbox"/>
Student Enrichment <input type="checkbox"/>	Solar Panels <input type="checkbox"/>	Clearances: Arch. & Environmental <input type="checkbox"/>
Public Employment Project <input type="checkbox"/>	Weatherization <input type="checkbox"/>	
Other: <input type="checkbox"/>	<i>Explain</i> _____	

INCOME VERIFICATION OF HOUSING UNIT

Name of each household member, including self	Age	Relationship to self	Monthly Income	Source of Income
		<i>self</i>		

Signature of Recipient _____ Date _____

FOR OFFICE STAFF ONLY

Date of Acceptance _____	Accepted By _____			
Approved <input type="checkbox"/>	Denied <input type="checkbox"/> Fee Waived Approved <input type="checkbox"/> Yes / No			
Comments _____				
Resolution Number	Date	Amount Awarded	Check Number	Initial



COPPERMINE CHAPTER SCHOLARSHIP ASSISTANCE PACKET

*Applicant's are required to fill out a new application form for each assistance
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REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION

* THE COPPERMINE CHAPTER ADMINISTRATION WILL NOT MAKE COPIES FROM PREVIOUS APPLICATIONS UNDER ANY CIRCUMSTANCES

Checklist

- 1 Complete Student Financial Assistance Application
Must be completed by **Applicant/ Student*
- 2 Complete Authorization for Release of Information Form
- 3 Complete Coppermine Chapter Financial Assistance Application
- 4 Copy of Coppermine Chapter Voter Registration card or receipt
**Must be a registered voter of Coppermine Chapter for six (6) months before applying*
- 5 Copy of current Photo ID/ Social Security Card
- 6 Copy of Certificate of Indian Blood
- 7 Official High School Transcript/ GED score for first time applicants
- 8 Official/ Original Certification of Enrollment/ Letter of Admission
Student must be accepted from an **accredited college or university*
- 9 Sealed (Original) College Transcript
**Returning students- updated transcript from previous semester*

REQUIREMENTS TO BE MET BY APPLICANT

- Initial _____
- * Presentation at Coppermine Chapter Planning/Report and/or Regular Chapter Meeting
 - * I have read and understand the Coppermine Chapter Student Financial Assistance Policy and Procedures
 - * Maintain at least a 2.50 minimum grade point average or higher
 - * Submit all documents by the deadline

DEADLINE FOR APPLICATION TO BE SUBMITTED	
Fall/ Winter Semester/ Quarter	Last Friday in August
Spring Semester/ Quarter	Second Friday in January
<i>* During this time, the Chapter has tax obligations to fulfill. PLEASE submit applications on time</i>	
Summer Session	Last Friday in May

FOR OFFICE USE ONLY

Name of Applicant: _____ Fiscal Year _____
Date Received: _____ By: _____

Resolution Number	Date	Semester Awarded	Amount Awarded	Check No.	Initial



COPPERMINE CHAPTER

Student Financial Assistance Application- Scholarship

** MUST BE A REGISTERED VOTER WITH COPPERMINE*

CHAPTER IN ORDER TO APPLY

** IF UNDER THE AGE OF 18, THEN PARENTS/GUARDIAN*

HAVE TO BE REGISTERED VOTERS

TERMS APPLYING FOR:	
20 _____	Fall/Winter Semester/Quarter
20 _____	Spring Semester/Quarter
20 _____	Summer Session

STUDENT INFORMATION

Legal Name: (Last, first, middle)		Date	Telephone/ Cell Phone Number	
Social Security #	Census #	Date of Birth	Gender	Marital Status
Email Address		Spouse's Name		No. of Children
Current Mailing Address: City/State/Zip			Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Permanent Mailing Address: City/State/Zip			Military Service Branch & Year Served	
Mother's/ Guardian's Name	Current Mailing Address: City/ State/ Zip		Chapter Affiliation	
Father's/ Guardian's Name	Current Mailing Address: City/ State/ Zip		Chapter Affiliation	

EDUCATION

High School	City	State	Month & Year of Graduation or GED Certificate:	
College/University	City	State	Major	Type of Degree Sought
Expected Graduation Date	College Classification Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/>			Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/>
Have you ever been assisted from Coppermine Chapter Scholarship Financial Assistance Program? No <input type="checkbox"/> Yes <input type="checkbox"/> When? _____ Amount Received _____				
Have you ever been assisted from another Chapter, Navajo Nation, other entities for Scholarship Financial Assistance Program? No <input type="checkbox"/> Yes <input type="checkbox"/> When? _____ Amount Received _____				
Name of Financial Advisor or Scholarship Provider			Phone Number	

I certify that the above information is correct to the best of my knowledge.

Student Signature: _____

Date: _____

Print Name : _____

COPPERMINE CHAPTER

STUDENT FINANCIAL ASSISTANCE FOR APPLICATION- SCHOLARSHIP AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ HEREBY, AUTHORIZE THE COPPERMINE CHAPTER
TO VERIFY THE INFORMATION GIVEN BY ME ON THE CHAPTER SCHOLARSHIP
APPLICATION. AND GIVE MY CONSENT FOR COPPERMINE CHAPTER TO RELEASE ALL
INFORMATION GIVEN BY ME, TO THE NAVAJO NATION SCHOLARSHIP OFFICE IN
WINDOW ROCK, ARIZONA. FURTHER, I, HEREBY, RELEASE ALL PERSONS
ORGANIZATIONS FROM LIABILITY FOR PROVIDING LEGALLY-RELEVANT INFORMATION
IN CONNECTION WITH MY CHAPTER SHCOLARSHIP APPLICATION.

SIGNATURE: _____

PRINT NATE: _____

DATE: _____