



THE NAVAJO NATION
Oljato Chapter Administration
P.O. Box 360455 • Monument Valley • Utah • 84536
Telephone: 435.727.5850 Facsimile: 435.727.5852

Willis Begay, Chapter President
Thomencia Tracy, Chapter Vice-President
Twyla Madisen, Secretary/Treasurer

Herman Daniels, Jr., Council Delegate
Laura Tallis, Grazing Official
Karilyn Begay, Community Service Coordinator
Vacant, Account Maintenance Specialist

REQUIRED DOCUMENTS FOR ELIGIBILITY

Student Name: _____

Date received at Oljato Chapter Administration:

Received by:

Reviewed by Community Service Coordinator:

Date:

- | | | | | |
|---|--------------------------|----------|--------------------------|------------|
| 1. Chapter Student Financial Assistance Program Application | <input type="checkbox"/> | Attached | <input type="checkbox"/> | Unattached |
| 2. Oljato Chapter Voter Registration receipt or card | <input type="checkbox"/> | Attached | <input type="checkbox"/> | Unattached |
| 3. Letter of Acceptance from Vocational, College, or University | <input type="checkbox"/> | Attached | <input type="checkbox"/> | Unattached |
| 4. Current Class Schedule | <input type="checkbox"/> | Attached | <input type="checkbox"/> | Unattached |
| 5. Official Transcript(s) from previous school | <input type="checkbox"/> | Attached | <input type="checkbox"/> | Unattached |
| 6. Copy of Certificate of Indian Blood (C.I.B.) | <input type="checkbox"/> | Attached | <input type="checkbox"/> | Unattached |
| 7. Social Security Card | <input type="checkbox"/> | Attached | <input type="checkbox"/> | Unattached |



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 PO BOX 360455
 MONUMENT VALLEY, UTAH 84536
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OLJATO CHAPTER SCHOLARSHIP APPLICATION

Term Applying For:
 20__ Fall Semester
 20__ Spring Semester
 20__ Summer Semester

PERSONAL AND FAMILY DATA

Legal Name: (Last, First, Middle)		CIB Census #:	Social Security #:
Current Mailing Address: (City/State/Zip)			Main Telephone #:
Permanent Home Address: (City/State/Zip)			Other Telephone #:
Date of Birth:	Gender: <input type="radio"/> Female <input type="radio"/> Male	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed	Number of Children:
Mother's Maiden Name:		Tribe Affiliation:	<input type="radio"/> Living <input type="radio"/> Deceased
Father's Name:		Tribe Affiliation	<input type="radio"/> Living <input type="radio"/> Deceased
Veteran: <input type="radio"/> Yes <input type="radio"/> No Branch:		Are you registered with Oljato Chapter?	

EDUCATIONAL DATA

High School: (Name, City, State)		Month & Year of Graduation:	
College Classification: <input type="radio"/> Freshman <input type="radio"/> Sophomore <input type="radio"/> Junior <input type="radio"/> Graduate <input type="radio"/> Post Graduate			
Trade School, College, or University you plan to attend: (Name, City, State) <input type="radio"/> Online <input type="radio"/> On Campus			
Major and Type of Degree, Certificate, or Apprenticeship you are seeking:			Anticipated Graduation Date:
Have you received any Chapter Financial Assistance before: <input type="radio"/> Yes <input type="radio"/> No		Year received:	Which School:
I certify that the information provided is correct to the best of my knowledge.		Signature:	Date:

