



THE NAVAJO NATION

OLJATO CHAPTER/ADMINISTRATION
PO BOX 360455
MONUMENT VALLEY, UTAH 84536
Email: oljato@navajochapters.org
Phone: 435-727-5850/Fax: 5852

Herman Daniels, NOST Council Delegate
Willis Begay, President
Jean Holiday, Vice-President
Marietta Bedonie, Secretary/Treasurer
Benedict Daniels, Grazing Official
Verna Yazzie, AMS

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:



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FINANCIAL ASSISTANCE REQUEST

Date: _____ Phone: _____
 Name: _____ Address: _____
 Date of Birth: _____
 Social Security #: _____
 Census #: _____
 Scholarship will be used for:

Signature of Applicant

Date

Any financial assistance request is based on availability of funds and budgetary for the current year.

FOR OLJATO CHAPTER ADMINISTRATION USE ONLY		
Date Received:	<input type="radio"/> Approved	<input type="radio"/> Not Approved
Enrollment & School Verified:	Reason:	
Account #:		
Check #:		
Staff Signature:		
Date Signed:		