

**TOADLENA/TWO GREY HILLS CHAPTER  
SCHOLARSHIP FINANCIAL ASSISTANCE  
CHECK OFF LIST**

Spring       Fall       GED  
 Vocational       Licensure       Certification

Exhibit P

<b>Official use only</b>
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**Yes No**


- 1  Scholarship Check off List
- 2  Scholarship Financial Assistance Application
- 3  Letter of Interest
- 4  Current Letter of Admission/Acceptance/Enrollment Verification
- 5  Current Class Schedule
- 6  Official Transcript
- 7  Copy of Navajo Nation Voter's Registration
- 8  Copy of Certificate of Indian Blood
- 9  Copy of Social Security Card
- 10  Notorized Affidavit for Non-Financial Assistance from other Chapters
- 11  Notorized Authorization for Release of Information Form

RECEIVED STAMP

\_\_\_\_\_ STUDENT'S NAME

**TOADLENA/TWO GREY HILLS CHAPTER**  
**P.O. Box 7894**  
**Newcomb, New Mexico**  
**Telephone No.: 505-789-3100      Fax No: 505-789-3101**

Exhibit P-A

**CHAPTER SCHOLARSHIP FINANCIAL ASSISTANCE**

DATE: \_\_\_\_\_

(Circle One)

20/ \_\_\_\_\_ **Fall / Spring - Semester**  
**Vocational/Licensure**

**PERSONAL AND FAMILY DATA**

<b>Social Security No.</b>	<b>Census No.:</b>	<b>Name (First, Middle Initial, Last)</b>	
<b>Current Mailing Address: (Street, PO Box, City, State, Zip Code)</b>			<b>Telephone No.:</b>
<b>Permanent Home Address: (Street, PO Box, City, State, Zip Code)</b>			<b>E-Mail Address:</b>
<b>Date of Birth</b>	<b>Sex:</b>	<b>Marital Status</b>	<b>Spouse's Name</b>
	M      F		
<b>Have you previously received Chapter Scholarship?</b>		<b>Chapter Registered Voter</b>	<b>Date of Registration</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Mother's Name:</b>		<b>Address:</b>	<b>Chapter Affiliation:</b>
<b>Father's Name</b>		<b>Address:</b>	<b>Chapter Affiliation:</b>

**EDUCATION DATA**

<b>High School: Name, City, State</b>	<b>Graduation or GED Cert. (Month/Year):</b>

College Classification:    \_\_\_ Full-Time    \_\_\_ Part-Time

AA: \_\_\_\_\_      MSTR: \_\_\_\_\_      Licensure \_\_\_\_\_      GED: \_\_\_\_\_

BA: \_\_\_\_\_      DOC: \_\_\_\_\_      Certification \_\_\_\_\_

<b>College/University/Technical School ---- Plan to Attend: (Name, City, State)</b>		
<b>Major</b>	<b>Type of Degree Seeking:</b>	<b>Amount of Request:</b>
<b>Name of College/University/Technical School Last Attended:</b>		<b>Semester &amp; Year</b>

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

\_\_\_\_\_ **Student's Signature**

\_\_\_\_\_ **Date**



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Exhibit P-B

CHAPTER SCHOLARSHIP FINANCIAL ASSISTANCE  
AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ hereby authorize the Toadlena/Two Grey Hills Chapter Administration Staff to verify my college/university/vocational attendance and grade status, as prescribed in the Chapter Scholarship Financial Assistance Policies and Procedures. Further, I hereby release all persons and organizations from liability for providing legally-referent information in connection with my Chapter Scholarship Financial Assistance Application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_

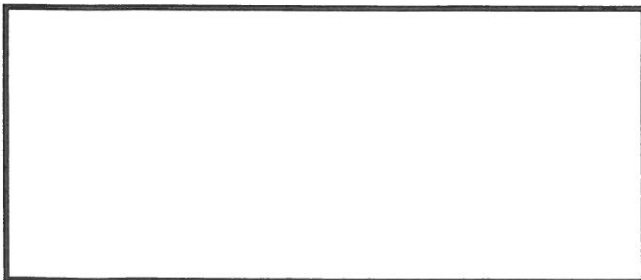
County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

Seal of Notary Public:

Date of Expiration:



\_\_\_\_\_



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Exhibit P-C

## AFFIDAVIT FOR NON-FINANCIAL ASSISTANCE FROM OTHER CHAPTERS

I, \_\_\_\_\_, hereby certify that I am not receiving duplicate financial assistance from another chapter.

Should information be revealed that I received assistance from another chapter, I understand I will no longer be eligible for any type of financial assistance from Toadlena/Two Grey Hills Chapter in the future.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_

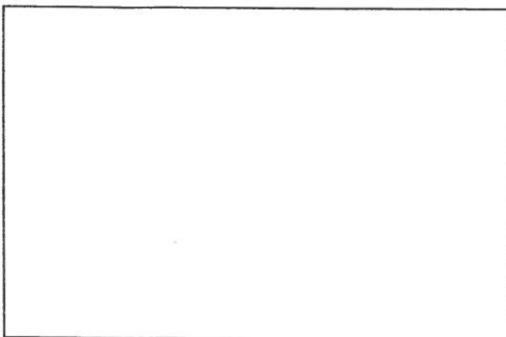
County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

Seal of Notary Public:

Date of Expiration:



\_\_\_\_\_