

NEWCOMB CHAPTER  
P.O. Box 7946  
Newcomb, New Mexico 87455  
Telephone: (505)696-3300 Fax: (505)696-5475  
E-mail Address: [newcomb@navajochapters.org](mailto:newcomb@navajochapters.org)

#### NEWCOMB STUDENT FINANCIAL ASSISTANCE

The purpose of the Chapter Scholarship Student Financial Assistance is to help defray necessary expenditures for student while attending a college, university, vocational or technical institution. However, for the chapter to administer the distribution, it has to comply with the Five Management System policy for accountability. Therefore, it is essential that we request for the following:

1. \_\_\_\_\_ Original Chapter Scholarship Financial Assistance Application. Be sure all required information is completed in the application. Example: Full name, census, social security number, address, school attending, and term.
2. \_\_\_\_\_ Navajo Nation Voter Registration Receipt – A proof of being a registered member of the Chapter, if under 18 years of age, submit parent's Voter Registration.
3. \_\_\_\_\_ Original Transcript from College or High School with date of graduation or GED test scores certified by the granting agency.
4. \_\_\_\_\_ Original Letter of Admission or Acceptance Letter. Student must be accepted and in good standing with an accredited college, university or vocational or technical institution. Continuing student must submit original enrollment verification.
5. \_\_\_\_\_ Original Student Consent to Release Information.

The above have to be submitted to the Newcomb Chapter for your application packet to be completed and until then we can issue the check to the institution you are attending for the semester.

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## CHAPTER STUDENT FINANCIAL ASSISTANCE

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

(Circle One)

\_\_\_\_\_ Fall / Spring / Summer - Semester

### PERSONAL AND FAMILY DATA

Name		Census No.:		Social Security Number	
Current Mailing Address: (Street, PO Box, City, State, Zip Code)				Telephone No.:	
Permanent Home Address: (Street, PO Box, City, State, Zip Code)				E-Mail Address:	
Date of Birth		Sex:	Marital Status		Spouse's Name
		M    F			
Are You a Veteran?		Are You A Registered Voter?		Chapter Affiliation	
Yes    No		Yes    No		Newcomb Chapter	
Mother's Name:		Address:		Tribe:	
Father's Name		Address:		Tribe:	

### EDUCATION DATA

High School: Name, City, State		Graduation or GED Certificate (Date/Year):	
College Classification: _____ Full Time                      _____ Part Time			
Freshman: _____		Junior: _____	Graduate: _____
Sophomore: _____		Senior: _____	Doctoral: _____
College/University/Technical School you Plan to Attend: (Name, City, State)			
Major		Type of Degree/On Line Degree Seeking:	Grade Point Average:
Name of College/University/Technical School Last Attended:			Semester & Year

Have you previously Received Chapter Student Assistance?    Yes    No                      If Yes, When \_\_\_\_\_

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

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date

#### FOR CHAPTER ADMINISTRATION PURPOSE ONLY

Letter of Admission/Acceptance:                      \_\_\_ Yes                      \_\_\_ No                      Mailed: \_\_\_\_\_  
Copy of Navajo Nation Voter's Register:                      \_\_\_ Yes                      \_\_\_ No                      Picked Up By/Date: \_\_\_\_\_  
Verify Grade Point Average:                      \_\_\_ Yes                      \_\_\_ No

Date Application Received	Received By	Resolution Approved	Grade Point Average	Check No.:

ADMINISTRATION APPROVAL:

\_\_\_\_\_ Chapter Manager                      Date



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## STUDENT CONSENT TO RELEASE INFORMATION

NEWCOMB CHAPTER requires your written authorization to release your confidential information. This requirement is in compliance with Newcomb Chapter Government Record Keeping Management Policies and Procedures, Protected Records – Confidential records containing data on persons or governmental entities that is private or otherwise protected by 2 N.N.C. Section 85 of the Navajo Nation Privacy and Access to Information Act. The Act does not allow any person(s) to have access to an individual’s information without consent, therefore, to authorize release of any information to person(s) other than yourself, you must provide consent in writing.

This form will allow you to designate who will have access to your Newcomb Student Financial Assistance file or records. You can also limit the amount of information we can release to those individuals. Please complete and return the following information to Newcomb Chapter.

Applicant’s Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

I authorize the following individuals(s) to have access to my Newcomb Student Financial Assistance folder to make inquiries on my behalf regarding my application status and eligibility. (Please Print)

- 1. \_\_\_\_\_ Full access \_\_\_\_\_ \*Limited access \_\_\_\_\_  
Name of Individual
- 2. \_\_\_\_\_ Full access \_\_\_\_\_ \*Limited access \_\_\_\_\_  
Name of Individual
- 3. \_\_\_\_\_ Full access \_\_\_\_\_ \*Limited access \_\_\_\_\_  
Name of Individual

\*Limited access only – please specify below what access the individual is limited to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Not valid without Student Signature)