

Tíís Tsoh Sikaad Chapter Financial Scholarship Check List

TTS-SCH16-

NAME: _____

COLLEGE / UNIVERSITY: _____

TERM / YEAR: [] SPRING [] SUMMER [] FALL

TERM	DEADLINE DATE
Fall	July 31
Spring	December 31
Summer	April 30

CHECKLIST OF REQUIRED DOCUMENTS

- Complete Scholarship Application
- Letter of Admissions/Certification of Enrollment
- Current **OFFICIAL** Transcript (Must maintain 2.0 or above cumulative GPA)
- Navajo Nation Voter Registration Document (Must be registered with Chapter at least 6 months prior to application).
- Certificate of Indian Blood
- Social Security Card
- Letter of Interest on how this scholarship will benefit you. Include your major.

TÍÍS TSOH SIKAAD CHAPTER ADMINISTRATION USE ONLY

Approved
 Full Time
 Part Time
 Disapproved

Cumulative GPA: _____

Chapter Scholarship
 BHP-District 13
 NN Oil & Gas
 PNM Scholarship

Date: _____

Resolution No.: _____

Amount: _____

Check No.: _____

Chapter Manager / Official

Date



TIIS TSOH SIKAAD CHAPTER

PO Box 7359 Newcomb, NM 87455

505-696-5470 (Telephone)

505-696-5473 (Fax)



Tiis Tsoh Sikaad

Terms Applying For: 20__ Fall 20__ Spring 20__ Summer

Legal Name: (Last) (First) (Middle Initial) (Maiden Name)

SSN:

Census :

Current Mailing Address: City/State/Zip

Mobile Telephone No.:

Permanent Physical Home Address: City/State (REQUIRED INFORMATION)

Home Telephone No.:

Date of Birth

Gender

Male Female

Marital Status

E-Mail Address

Veteran?

Yes No

Navajo Chapter House Affiliation (REQUIRED INFORMATION)

High School or G.E.D. Center

Name:

City:

State:

Month/Year H.S. Diploma or G.E.D. Received:

____ / ____

College Classification (Beyond High School Diploma): (CIRCLE ONE)

Freshman

Sophomore

Junior

Senior

Graduate

Post Graduate

Type of Degree you will EARN while attending college: (CIRCLE ONE)

Certificate/Associates:

Bachelors:

Masters:

Doctorate:

A.A./A.S./A.A.S

B.A./B.S

M.A./M.S.

Ed.D./M.D./Ph.D./J.D

College or University (Undergraduate and Graduate) you will attend: Name/City/State/Zip

Undergraduates ONLY (REQUIRED INFORMATION):

Major:

Month/Year to Graduate:

Graduates ONLY (REQUIRED INFORMATION):

Major:

Month/Year to Graduate:

Graduates ONLY: College or Department Accepted Into:

I will be attending college (Check one):

____ Undergraduate Full-Time (12 credit hours or more)

____ Graduate Full-Time (9 credit hours or more)

____ Part-Time (less than full-time credit hours for Undergraduate/Graduate)

Have you received Chapter Scholarship before? (Circle One)

Yes

No

If yes, when and where:

By receiving this scholarship assistance, I understand that this scholarship award will supplement other funding sources to cover my entire educational expenses.

Signature _____

Date _____