TSIDI TO'II CHAPTER STUDENT SCHOLARSHIP AND FINANCIAL ASSISTANCE

Next Planning Meeting:	Next Chapter Meeting:
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Applications will be accepted until Scholarship Funds are depleted for each Semester. *NO EXCEPTIONS*.

CHECK LIST

□ Completed Application
☐ Official University or College Transcripts
☐ Official High School Transcripts, or GED Scores for first year students.
☐ Current Class Schedule on official school letterhead
□ Original Letter of Acceptance from the school
☐ Tsidi To'ii (Birdsprings) Voter Registration: Student or parent must be a registered voter for at least 6
months.
□ Certificate of Indian Blood

Full-time enrollment hour's
Less than 12 units for Undergraduate
9 units or more for Graduate

Part-time enrollment hours
12 units or more for Undergraduate
Less than 9 units for Graduate

- Before an applicant can be eligible for scholarship assistance, a complete packed must be submitted (see above check list) to Chapter Administrative office prior to the monthly Chapter Planning Meeting in order to be considered for funding at the next Regular Chapter Meeting.
- If the student cannot make it to the meeting, they can be represented by a family member or call in.
- The Chapter will not accept early applications due to pandemic email applications will be accepted. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED, NO EXCEPTIONS.
- When approved each applicant will be awarded \$500 per semester (2 semester limit).
- Recipients must keep a 2.50 or higher GPA to be eligible for funding.

TSIDI TO'II CHAPTER
STUDENT SCHOLARSHIP AND FINANCIAL ASSISTANCE
HC - 61 Box K
WINSLOW, ARIZONA 86047
TELEPHONE: (928) 686-3233
birdsprings@navajochapters.org



Received Date: (Office Use Only)

	TERM APPLYING FOR:
20 20	FALL SEMESTER WINTER SEMESTER
20_	SPRING SEMESTER SUMMER SEMESTER
20 20	VOCATIONAL/TRADE SCH.

TSIDI TO'II CHAPTER
SCHOLARSHIP and FINANCIAL ASSISTANCE APPLICATION

	PERSO	NAL AND F	'AMI	LY	BACKGRC	UNI)				
FULL LEGAL NAME:				SOCIAL SECURITY NUMBER:				CENSUS NUMBER:			
CURRENT MAILING ADDRESS:								PHONE NO.:			
PERMANENT MAILING	ADDRESS:						MES	SAGE NO.:			
DATE OF BIRTH:	SEX: Male	MARTIAL STAT	US:				L				
ARE YOU A VETERAN:	<u> </u>	<u></u>	The District Control of the Control		OR YOUR PAREN	T A RE	GIST	ERED VO	TER OF TSIDI		
☐ YES	□ NO			YES NO							
	SOPHOMORE	COLLEGE] SE	nior 🗆 gi	RADUA			ST-GRADUATE		
College/ University You P	lan To Attend (Nan	ne, City, State):	/, State): MAJOR: International Affairs					LETTER OF ACCEPTANCE: YES NO			
TYPE OF DEGREE YOU	ARE SEEKING: F	Bachelor of Arts			CHAPTER RESO ☐ YES	LUTIO		AMOUNT	OF REQUEST:		
NAME OF COLLEGE/UI	NIVERSITY LAST	ATTENDED (Name	e, City, S	state):				ND YEAR			
HAVE YOU RECEIVED A CHAPTER SCHOLARSHIP & FINANCIAL ASSISTANCE BEFORE?					IF YE	YES, WHEN?					
☐ YES	□ NO										
MOTHER'S NAME:			F	ATHE	ER'S NAME:						
Applicant's Signature:				Date:							
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Tsidi To'ii Chapter Resolution with the Award amount will be presented at the Chapter Meeting for final approval by
the Community. Once the Scholarship is approved the Award will be disbursed to the recipient by Tsidi To'ii Chapter.
If and when this application is approved, I shall accept and abide by the conditions stipulated in the terms above and
will be bound by the responsibilities as a recipient of the Tsidi To'ii Chapter Scholarship and Financial Funds. I,
give permission to the Tsidi To'ii Chapter to receive my transcripts and other
Financial Information Requests.
SEMESTER APPLYING FOR:
☐ Fall Semester – Opening Date: August 1 st
☐ Winter Semester – Opening Date: November 1st
☐ Spring Semester – Opening Date: January 1 st
☐ Summer Semester – Opening Date: June 1 st
Applicant's Signature Date: