

Student's Name: _____

Full-Time Part-Time _____20__ Semester

College/University/Vocational Institution: _____

Round Rock Chapter Educational (Scholarship) Assistance

Check-List

Deadlines:

Fall session: **September 30, 2026**

Spring Session: **January 31, 2027**

Required Documents:

- Educational (Scholarship) Application
- Current Class Schedule
- Current Unofficial/Official Transcript (Must have a cumulative GPA of 2.5 or better)
- Letter of Admission
- CIB (**1st Time Applicant**) / On File: YES NO
- High School Diploma for new applicant (**Incoming Freshman**)
- Current Registered Voter – Round Rock Chapter (Navajo Nation – to be verified by Administration)

Verified by: _____ (Chapter Administration)

Name, Title

*Please submit documents **BY 5PM** to be considered for assistance we will **NOT** accept incomplete packets.*

Date received: ____/____/____

Part-Time: _____ Full Time: _____

Received By: _____

Eligibility:

- 1) Must be a registered voter of the Chapter, if a minor; Mother, Father or Parents' voting status will be used.
- 2) Must not be on withdrawal status of the previous semester.
- 3) Must have a cumulative Grade Point Average (GPA) of 2.5 or better.
- 4) Must have a completed packet submitted by deadline.
- 5) Must be awarded once a school year (Includes Fall & Spring); due to limited funds and increasing number of student applicant.
- 6) Must be enrolled in an accredited Undergraduate and/or Vocational Institution as a full-time and/or Part-time student.
- 7) Student or Representative will be present at a the duly called meeting.
- 8) *NOTE: Students that are assisted through work-force program or employer tuition reimbursement program are not eligible.*

Round Rock Chapter
P.O. Box 10, Round Rock, AZ 86547
Ph #: (928) 787-2510 Fax: (928) 787-2512
Email: roundrock@navajochapters.org

For Office Use Only

Educational Assistance Application

20__ Fall Session
20__ Spring Session

(Please print legibly and complete required sections pertaining to applicant)

PERSONAL INFORMATION		
NAME: FIRST, MIDDLE, LAST	SSN:	CENSUS:
CURRENT MAILING ADDRESS: CITY, STATE, ZIP	PHONE NUMBER:	
PHYSICAL ADDRESS: CITY, STATE, ZIP	EMAIL ADDRESS:	
MARITAL STATUS:	SPOUSE'S NAME:	NUMBER OF DEPENDENT(S):
REGISTERED MEMBER OF THIS CHAPTER? Yes No	ARE YOU A VETERAN? Yes No	STUDENT ID# (ENROLLED INSTITUTION):

THIS PORTION FOR 18 & UNDER ONLY		
MOTHER'S NAME:	ADDRESS: CITY, STATE, ZIP	Census #:
FATHER'S NAME:	ADDRESS: CITY, STATE, ZIP	census #:

EDUCATIONAL INFORMATION		
HIGH SCHOOL: NAME, CITY, STATE	MONTH & YEAR OF GRADUATION/GED:	
COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND: NAME, CITY, STATE	MAJOR:	TYPE OF DEGREE:
COLLEGE CLASSIFICATION: <input type="checkbox"/> FRESHMEN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR <input type="checkbox"/> VOCATIONAL	ENROLLMENT STATUS: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
NAME OF COLLEGE OR UNIVERSITY YOU LAST ATTENDED: NAME, CITY, STATE	MONTH/YEAR	HAVE YOU PREVIOUSLY RECEIVED THE CHAPTER SCHOLARSHIP? Yes or No
IF YES, WHEN?	NAME OF INSTITUTION?	

I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant Signature

Date

FOR OFFICE USE ONLY:		
Application Complete: Yes No	Enrollment Status: FT PT	Chapter Meeting Date:
<input type="checkbox"/> Approved Check Date: _____ Check #: _____ Amount: _____		
<input type="checkbox"/> Denied Reason: _____		
Reviewed By: _____ Verified By: _____ Date: _____		