



**Office of the Navajo Nation
Scholarship & Financial Assistance
APPLICATION**

Term(s) applying for:

- 20 ___ Fall
20 ___ Winter/Spring
20 ___ Summer (Only)



Send Documents to Your Respective Agency Office:

- ___ ONNSFA Chinle Agency, P.O. Box 25-B, Tsalle, AZ 86556
___ ONNSFA Crownpoint Agency, P.O. Box 1080, Crownpoint, NM 87313
___ ONNSFA Ft. Defiance Agency, P.O. Box 1870, Window Rock, AZ 86515
___ ONNSFA Shiprock Agency, P.O. Box 1349, Shiprock, NM 87420
___ ONNSFA Tuba City Agency, P.O. Box 370, Tuba City, AZ 86045

- Toll Free #:
1-800-919-9269
1-866-254-9913
1-800-243-2956
1-866-223-6457
1-866-839-8151

- Fax #
928-724-2208
505-786-2178
928-871-6561
505-368-1338
928-283-3215

PLEASE PRINT LEGIBLY AND COMPLETE ALL APPROPRIATE INFORMATION

Date:	Applicant Name: (Last) (First) (Middle Initial) (Maiden Name)
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SSN:	Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone No.(s):	Hm: Wk:
	Handicaped/Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Mailing Address: If mailing address changes, Please Contact ONNSFA immediately & provide new address.

City:	State:	Zip Code:	E-Mail Address:
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Census No.:	Date of Birth:	Marital Status:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
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No. of Dependent(s)	Parent/Guardian Name and Address:
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Navajo Chapter House Affiliation (REQUIRED INFORMATION)

High School or G.E.D. Center: (Name & Location)	H.S. Diploma or GED received: Month/Year ____ / ____
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Type of High School You Graduated From: (Check One)

Public Private BIA Tribal Contract Secular GED Grant

College or University You Will Attend: (Name, City, State, Zip)	Type of Term: (Check One) Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester <input type="checkbox"/>
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Type of degree you will earn while attending college: (Circle One)	Diploma or Certificate	Associates: A.A. / A.S. / A.A.S.	Bachelors: B.A. / B.S.	Masters: M.A. / M.S.	Doctorate: Ed.D. / M.D. / Ph.D. / J.D.
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College Classification: (check one)

Freshman Sophomore Junior Senior Graduate Post-Graduate

Undergraduate/Graduate: (REQUIRED INFORMATION): Major:	Anticipated Date of Graduation: Month/Year ____ / ____
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Graduates ONLY: (REQUIRED INFORMATION): Program or Department Accepted Into:	Anticipated Date of Graduation: Month/Year ____ / ____
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My Enrollment Status will be: (Please check one)

Undergraduate Full Time 12 credit hours or more
 Graduate Full-Time 9 credit hours or more
 Part-Time (less than Full-Time) 11 credit hours or less for Undergraduate/ 8 credit hours or less for Graduate.

Have you received a Navajo Nation Scholarship before? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when and what Institution:
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OFFICE USE ONLY

Date	Status Code	Fund Code	Award	Fall	Winter	Spring	School	Term	Initial	Initial

ONNSFA/Student Contract

This contract is made and entered into for the academic school year. The student is making application, by and between the Office of Navajo Nation Scholarship and Financial Assistance Programs hereinafter called ONNSFA, and the student applicant, hereinafter called the RECIPIENT.

All APPLICANTS shall adhere to the following deadlines:

Academic Year (Fall, Winter/Spring)	June 25	Application, CIB, Letter of Admissions (Enrollment Verification), FNA, & Transcript(s) are due
Winter/Spring terms only	November 25	Application, CIB, Letter of Admissions (Enrollment Verification), FNA, & Transcript(s) are due
Summer term	April 25	Application, CIB, Letter of Admissions (Enrollment Verification), FNA, Transcript(s) & Graduation Checklist are due

The RECIPIENT shall:

- 1.abide by and comply with the specific policies, procedures and eligibility requirements of ONNSFA. Furthermore, the RECIPIENT and/or APPLICANT shall be responsible for understanding his/her rights and responsibilities regarding financial assistance and/or scholarship including the responsibility to be informed of policies herein. (Article 4§13)
- 2.sign the application for scholarship and financial assistance and comply with the stated term, conditions, and standards to receive the scholarship and/or financial assistance. (Article 6§20)
- 3.release their official academic transcript information indicating the most recent academic term grades, graduation date, academic major and type of degree being pursued. (Article 6§21)
- 4.immediately report any change in marital status, name, income, enrollment, withdrawal and transfer status to ONNSFA. (Article 4§11) The RECIPIENT who misuses ONNSFA funds shall be denied additional scholarship and/or financial assistance awards for one (1) academic year and shall repay the amount of misused funds. (Article 14§46)
- 5.notify ONNSFA of his/her graduation date and certificate or degree to be conferred. (Article 4§12)
- 6.The RECIPIENT shall consider other available grants and/or scholarship, such as federal, state, institution aid and private sources, separate from ONNSFA. (Article 4§14)
- 7.comply with the academic standards outlined in Article 9§29 (a-e), prior to receiving continued funding.

The ONNSFA shall:

- 1.place an APPLICANT and/or RECIPIENT on probation and issue a probationary award based on the reasons outlined in Article 10§32 (a-f).
- 2.disqualify any student from receiving ONNSFA financial aid or scholarship for the reasons outlined in Article 11§35 (a-d).
- 3.determine an APPLICANT ineligible and deny financial assistance and/or scholarship for the reasons outlined in Article 12§38 (a-h).

Undergraduate/Graduate part-time RECIPIENT be subjected to repayment if;

- a) a "D" or below is earned; b) Withdraw without proper approval and authorization; c) Course funded is not stated on degree checklist; d) a course is repeated

Pursuant to Article 6§20, ONNSFA Policies and Procedures, You must Sign and Date this Contract.

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 and consequences thereof and give permission to ONNSFA to receive my transcripts and financial information.

Date

Student Signature