

4. The Wide Ruins Chapter Student Scholarship Financial Assistance Funds shall be provided upon availability of funds.
 5. All Student shall not have any outstanding debts to the Wide Runs Chapter Student Scholarship Financial Assistance Funds.
 6. The Chapter Account Maintenance Specialist shall certify the availability of funds and supporting documents for check processing. The Community Service Coordinator shall have the final authority in awarding the Financial Scholarship Assistance.
- B. The following documents must accompany the certified chapter resolution before disbursement of financial assistance is initiated. NO EXECPTIONS.
1. A completed and signed Wide Ruins Chapter Student Financial Assistance Program Application must be submitted.
 2. A copy of the Wide Ruins Chapter Voter Registration receipt. The student must have been registered with the Wide Ruins Chapter for a minimum of six (6) month to be eligible for assistance.
 3. A Certificate of Indian Blood. (CIB)
 4. Current Official Transcripts.
 5. Verification of Enrollment from a Regionally Accredited College / University or Vocational Institute.

VII. DEADLINES FOR SCHOLARSHIPS AND FINANCIAL ASSISTANCE APPLICATIONS, AWARDS AND / OR DENIALS.

- A. All Wide Ruins Chapter Applications, Verification of Enrollments, Officials Certificate of Indian Blood and Official Transcripts to be received by Wide Ruins Chapter Account Maintenance Specialist.
- B. All Students shall comply with the following deadlines:

DEADLINE DATES

1. Fall Semester August 30th
2. Winter / Spring Semester January 30th
3. Summer Session June 30th

CHAPTER STUDENT FINANCIAL ASSISTANCE



Wide Ruins Community Chapter

Post Office Box 208
Chambers, Arizona 86502
Telephone Number: 928-652-3223
FAX Number: 928-652-3253

PERSONAL AND FAMILY DATA

Social Security Number:	Census Number:	Legal Name: (First, Middle, Last)	Date:
Current Mailing Address:			Telephone Number:
Permanent Home Address:			Telephone Number:
Date of Birth:	Sex: Male () Female ()	Marital Status Single () Married () Separated ()	Spouse's Name:
Are you a Veteran? () Yes () No	Are you registered with Wide Ruins Chapter? () YES () NO	If under 18, are your parents registered? Yes or No If yes, which one:	
Mother's Name:		Father's Name:	Telephone Number:
Parents' Current Mailing Address:			

EDUCATIONAL DATA

High School: (Name, City, State)	Month and Year of Graduation or GED Certificate:
College Classification:	
Freshman: () Sophomore: () Junior: () Senior: () Graduate: () Pos-Graduate: ()	
Address of College/University you plan to attend: (Name, City and State)	Telephone Number:
Major:	Type of Degree you are seeking?
Letter of Accepted? Yes () No ()	
Name of College/University last attended:	Month and Year
Graduated? Yes () No ()	
Have you received Chapter assistance before? If yes, for what semester?	Amount assisted with?
Amount requesting for this semester.	

I certify that the information provided is correct to the best of my knowledge. Please make sure every block is completed with an answer.

_____ Signature

_____ Date

FOR OFFICE USE ONLY:

20	Fall Semester	Date awarded: _____
20	Spring Semester	Amount Awarded: _____
20	Winter Semester	Check Number: _____
20	Summer Semester	Picked up or mailed check: _____