

**INDIAN WELLS CHAPTER**  
**CHAPTER STUDENT FINANCIAL ASSISTANCE PROGRAM**

Dear Applicant:

The following are the eligibility criteria for the Indian Wells Chapter Student Financial Assistance Program (CSFAP).

Each year the Indian Wells Chapter receives financial allocation from the Navajo Nation to fund the Chapter membership who is pursuing a higher learning at a post-secondary institution.

To comply with the Navajo Nation's requirements for a student financial assistance, the student pursuing a higher education shall apply for financial assistance with required documents attached.

**ELIGIBILITY CRITERIA:**

1. Student shall be a High School graduate or have a GED
2. Student shall attend a post-secondary institution
3. First time applicant shall provide an Official High School transcript or GED Certificate
4. Student shall maintain a 2.0 Grade Point Average (GPA) or above
5. Student and their parents are encouraged to attend Chapter Meetings so they can be informed of the community goals and objectives.
6. If the student is attending a certificate program, the program shall have a structured program reviewed and certified by accrediting organization.

**REQUIRED DOCUMENTS:**

1. Application: a signed CSFAP application for current semester
2. Letter of Admission/Letter of Acceptance/Enrollment verification
3. Indian Wells Chapter Navajo Nation Voter Registration
4. Official/Unofficial Transcript
5. Signed Authorization Release of Information

**FILING PERIODS:**

- |                |                          |
|----------------|--------------------------|
| 1. Fall Term   | June 1 to August 1       |
| 2. Spring Term | December 1 to January 15 |
| 3. Summer Term | April 15 to May 31       |

NOTE: All required documents shall be submitted to the Indian Wells Chapter Administration Office by 4:00 PM of the Filing Period.

# INDIAN WELLS CHAPTER

## CHAPTER STUDENT FINANCIAL ASSISTANCE PROGRAM

ERM Applying For:
20__ Fall Semester
20__ Spring Semester
20__ Summer Session

**Indian Wells Chapter of the Navajo Nation**  
**PO Box 3049**  
**Indian Wells, Arizona 86031**

**Phone: (928)654-3289, Fax: (928)654-3282**

Email: [indianwells@navajochapters.org](mailto:indianwells@navajochapters.org)

A new application must be filed for each term session you are applying for student financial assistance through the Chapter.

### PERSONAL AND FAMILY DATA

Legal Name: Last,	First,	MI	SS#	C#
Current Mailing Address:		City	State	Zip Code
Date of Birth: mm/dd/year		Are you a registered Navajo Nation Voter of Indian Wells Chapter [ ] YES [ ] NO		
Phone No:	Message Phone No:		Email Address:	
Are you a Veteran? [ ] YES [ ] NO		Branch of Service: Year:		
Mother/Guardian Name:	Address:	C#:	Registered Voter [ ] YES [ ] NO	
Father/Guardian Name:	Address:	C#:	Registered Voter [ ] YES [ ] NO	

### EDUCATION DATA

High School, Address	Month & Year Graduated or GED certificate
Name of College/University (attending or attended)	Expected Date of Graduation
College Classification: [ ] Under-graduate [ ] Graduate [ ] Postgraduate [ ] Certificate Program	
Have you received Chapter CSFA before? [ ] YES [ ] NO	If Yes, When? Name of Institution

I certify that the information provided is correct to the best of my knowledge. I understand that if funds are provided, I will use the funds for the purpose stated herein, any other use of Chapter funds may be caused for the Chapter to seek return of the funds and further request for financial assistance will be denied.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Required documents to submit with the Application:**

1. Verification of Admission/Acceptance Letter/Enrollment Verification
2. A copy of Navajo Nation Indian Wells Voter Registration or verified by Chapter Voter Registrar
3. Official/Unofficial Transcript
4. Signed Authorization Release of Information

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: \_\_\_\_\_

RE: \_\_\_\_\_

Social Security No / Student ID No: \_\_\_\_\_

I, hereby authorize you to release transcript and other confidential information to the Indian Wells Chapter of the Navajo Nation, PO Box 3049, Indian Wells, Arizona 86031. The Indian Wells Chapter will use this information to consider my request for financial assistance. This information will not be released to any party without my written consent.

I understand and acknowledge that this information will be used specifically for determining my eligibility for Indian Wells Chapter Student Financial Assistance Program through the Navajo Nation, Indian Wells Chapter. I, hereby release from any and all liability and hold harmless all person(s) or entities disclosing information pursuant to this Release Form.

I, further agree that a xerographic or photocopy of this Release Form shall be valid and binding even though the original document containing my original signature is not presented or produced and shall be considered in lieu thereof.

Other Information Requested

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date