



CHAPTER COLLEGE STUDENT SCHOLARSHIP

Greasewood Springs Chapter
 Post Office Box 1260
 Ganado, Arizona 86506
 Telephone: (928) 654-3239 Fax: (928) 654-3232

Terms Applying for:
 20__ Fall Semester
 20__ Spring Semester
 20__ Fall Quarter
 20__ Winter Quarter
 20__ Spring Quarter
 20__ Summer Session(s)

_____ Date:

PERSONAL AND FAMILY DATA

New Application should be filed for each semester

Social-Security#:		Census#:		Legal Name: (Last, First, Middle Initial)	
Current Mailing Address, City, State/Zip:				Telephone #:	
Permanent Mailing Address, City, State/Zip:				Personal E-mail address:	
Date of Birth:	Sex: M / F	Marital Status:	Spouse Name:		Chapter Affiliation:
Are you a Veteran? Yes / No		Are you a registered chapter member? Yes/ No <i>If under 18, parents voter registration Please Attach Registration.</i>			Chapter Affiliation:
Mother's Name:		Chapter Affiliation:			Tribe:
Father's Name:		Chapter Affiliation:			Tribe:

EDUCATIONAL DATA

High School: (Name, City & State):			Month/Year of Graduation or Certificate:		
College Classification: (Include Class Schedule) Freshman: ___ Sophomore: ___ Junior: ___ Senior: ___ Graduate: ___ Post Graduate: ___					Full-Time or Part-Time
College/University you plan to attend (Name, City & State):				Type of Degree you are seeking:	
Letter of Acceptance? Yes / No			Verification of Enrollment? Yes / No		
Name of College/ University last attended:					
Have you received Chapter Scholarship before? Yes / No			If yes, when? (month/year)		

I certify that the information provided is correct to the best of my knowledge.

_____ Signature:

_____ Date: