

CRYSTAL CHAPTER

STUDENT ENRICHMENT ASSISTANCE PROGRAM APPLICATION

Check List

- 1. Student Educational Financial Assistance Application
- 2. Letter of Acceptance
- 3. Voter's Registration
- 3. Certificate of Indian Blood - CIB
- 4. Verification of Enrollment - Must be Original

COMMENTS:

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CRYSTAL CHAPTER

P.O. Box 775

Navajo, New Mexico 87328

PH: (505) 777-2800 / FAX:(505) 777-2805

- _____ 1. Education Financial Assistance Application
- _____ 2. Student Enrichment Assistance Application

2019 ___ Fall ___ Spring ___ Summer

____/____/____

Date

PERSONAL AND FAMILY DATA

Legal Name: (last, first, middle initial)		SSN:	C#:
Current Mailing Address: (City/State/Zip)		Telephone No.	
Permanent Home Address: (City/State/Zip)		Telephone No.	
Date of Birth:	Gender:		
If under age of 18 need Verification of Parents' Voter Registration Are parent(s) a registered member of the chapter? ___ Yes ___ No			Chapter Affiliation:
Father's Name:	Address: (City/State/Zip)		Tribe:
Mother's Name:	Address: (City/State/Zip)		Tribe:

EDUCATIONAL DATA

Name of School Attending:	City/State:	Grade Level:
Letter of Acceptance? ___ Yes ___ No (Please ATTACH a copy)		
Date of Educational Conference...	Place of Educational Conference...	
Have you received Student Enrichment Financial or Education Assistance before? ___ Yes ___ No	If yes, When?	

I certify that all answers given are complete and correct to the best of my knowledge. Any false or misleading statements may result in future Crystal Chapter Student Enrichment Financial Assistant Program.

Student Signature

Date

Parent Signature

Date