

**CRYSTAL CHAPTER
EDUCATIONAL FINANCIAL ASSISTANCE
POLICY AND PROCEDURES**

I PURPOSE

Crystal Chapter Educational Financial Assistance is to ~~help~~ defray necessary educational expenses such as tuition fees, book fees, lab fees, housing expense, meals, educational supplies, and transportation necessary to support a student's academic progress towards earning a college degree or vocational training certificate.

II SCOPE

Crystal Chapter Educational Financial Assistance is to provide enrolled Navajo students, who are registered with the Crystal Chapter, for one Academic Year.

The financial assistance amounts are as follows:

Full Time Student	\$600.00
Part Time Student	\$400.00
Vocational Technical Training	\$400.00

III DEFINITION OF TERMS

Academic term – The duration of one semester, one quarter, one trimester and summer session.

Academic year – Fall, Spring and Summer

Applicant – A student who has applied for educational financial assistance with the Crystal Chapter.

Award – A specified amount of money in educational financial assistance for the academic year.

IV RESPONSIBILITIES OF THE APPLICANT

The Applicant will comply with Crystal Chapter Educational Financial Assistance Policies and Procedures. The Applicant is responsible to make sure all documents are submitted on time, time-stamped by the Chapter Administration before the deadline dates.

The following are required by the Applicant:

A. Crystal Chapter Planning and Chapter Meeting Attendance

1. The Applicant must request financial assistance in person or have an immediate family member make the request if he/she is unable to attend the Planning and Chapter Meetings.
2. The Applicant must attend the Planning and/or Chapter meeting or have an immediately family member attend if unable to attend meeting.



CRYSTAL CHAPTER

P.O Box 775

Navajo, NM 87328

Phone: (505)777-2800/ Fax: (505)777-2805

Raymond Tsosie, President
Patricia Slim, Vice President
Virginia Benally, Sec/Treas.
Louise Mark, Grazing Rep.

ACKNOWLEDGEMENT AND UNDERSTANDING

I have read The Crystal Chapter Educational Financial Assistance policy has been provided to me. I understand the Educational Financial Assistance Policy.

Print Name

Date

Signature

Date

CRYSTAL CHAPTER

EDUCATIONAL FINANCIAL 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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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 Financial 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