



COVE CHAPTER

Student Financial Assistance Program

APPLICATION – HIGH SCHOOL/ EDUCATIONAL ASSISTANCE

Students interested in applying with the Cove Chapter Student Financial Assistance Program (CCSFAP) applications are encouraged to read the following to ensure students have all proper documents before the deadline date.

1) The following documents must be submitted; FAXED applications will not be considered:

ALL STUDENTS:

- 1) CCSFAP application;
- 2) Copy of Students Valid State ID/Driver's License or Official School ID
- 3) Copy of Student's Certification of Indian Blood;
- 4) Current class schedule (*For High School Tuition Request*);
- 5) Current official transcripts;
 - a. Minimum GPA of 2.0 is required
- 6) Copy of student's voter's registration; (Copy can be obtained from SR Election office)
 - a. Cove Chapter affiliation, 6 months prior
 - b. Registration must be current and valid; if under the age of 18 parent(s) must be registered with Cove Chapter.
- 7) Verification of enrollment/ Letter of Acceptance (*For High School Tuition Request*);
- 8) Verification of Event or Activity (Flyer, Itinerary, Agenda, Registration, etc.)
- 9) Official letter from the event/activity sponsor stating the acceptance of applicant
- 10) Letter of interest (300-words essay).

2) Financial assistance is offered only once per family every 12 months (fall semester or spring semester per the Five Management Policies – Section VII - Sub-section K, page 25)

For more information contact the Cove Chapter Administration at (928)653-5806.



THE NAVAJO NATION CHAPTER GOVERNMENT ◆COVE CHAPTER◆

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Student Financial Assistance Program Application HIGH SCHOOL/ EDUCATIONAL ASSISTANCE

PLEASE PRINT LEGIBLY AND COMPLETE APPROPRIATE INFORMATION

Date:	Applicants Name: (LAST) (First) (Middle Initial) (Maiden Name)		
Census No.:	Date of Birth: (MM/DD/YYYY)	Phone No.:	
Mailing Address:	City:	State:	Zip Code:
E-Mail Address:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian's Name:	Address:	City:	State: Zip Code:
DO NOT LEAVE THE NEXT 2 ROWS BLANK - THIS IS WHERE YOUR CHECK WILL BE SENT			
HIGH SCHOOL OR PROGRAM:			
Mailing Address:	City:	State:	Zip Code:
High School Classification: (Check One) <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior			
Anticipated Date of Graduation: Month/Year		Have you Received CCSFAP Fin. Asst. Before? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO	
FOR PROGRAM - PLEASE STATE WHAT YOU WILL BE PARTICIPATING IN AND HOW IT WILL IMPACT YOUR COMMUNITY?			

Send Documents to Cove Chapter, P.O. Box# 378, Red Valley, Arizona 86544

CCSFAP/Student Contract

This contract is made and entered effective on the date mentioned by signatory between the CCSFAP and STUDENT (hereafter called "APPLICANT"). The parties hereto agree to the following:

All APPLICANTS shall adhere to the following deadlines:

The APPLICANT shall:

1. Abide by and comply with the specific policies, procedures, and eligibility requirements of CCSFAP. Furthermore, the APPLICANT shall be responsible for understanding his/her rights and responsibilities regarding financial assistance including the responsibility to be informed of policies herein.
2. Sign the application for financial assistance and comply with the stated term, conditions and standards to receive financial assistance.
3. State what event/activity they will be participating in and will provide the itinerary, an official letter from the event/activity sponsor stating the acceptance of applicant, a flyer, an agenda and any receipts.
4. Immediately report any change in name, address, enrollment, withdrawal, registration status, and transfer status to the CCSFAP.
5. Notify the CCSFAP of his/her achievements in a letter of gratitude to the Chapter.
6. The APPLICANT shall return all receipt for the amount paid to the Chapter within ten (10) business days following the event/activity date.
7. Comply with academic standards outlined in Article 8 and all requirements stated in the policy therein, prior to receiving continued funding.

The CCSFAP shall:

1. Place the APPLICANT on probation and issue a probationary award based pursuant to Article 9.
2. Disqualify any student from receiving CCSFAP financial assistance pursuant to Article 10.
3. Determine an APPLICANT ineligible and deny financial assistance pursuant to Article 11.
4. Keep all information provided to CCSFAP by the applicant confidential unless otherwise authorized in writing by the applicant what information and to who is to be released.
5. Strictly comply with any and all requirements and authority authorized pursuant to the Cove Chapter Student Financial Assistance Program Policies & Procedures.

CCSFAP Policies and Procedures

If and when this application is approved, I _____ shall accept and abide by the conditions stipulated in the terms above and will be bound by the responsibilities and consequences thereof and give permission to the CCSFAP to receive my transcripts and personal information.

Student Signature

Date



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STUDENT'S CONSENT TO ACCESS/RECEIVE INFORMATION

For the Student's Information:

It is the policy of the Cove Chapter that all files and information pertaining to an applicant's file be kept *CONFIDENTIAL* by the Cove Chapter Student Financial Assistance Program (CCSFAP). In order for the CCSFAP to disclose any information regarding an applicant and applicant's application status, the applicant must submit a signed disclosure statement to the Cove Chapter, specifying the individuals and/ or entities to receive the information from Cove Chapter in relation to the student's CCSFAP application.

CONSENT

I, _____, hereby authorize the following individual(s) to have access to my application file and to inquire on the status of the application:

1. Name: _____ Census#: _____
Relation: _____ ☐ Full Access ☐ *Limited Access
2. Name: _____ Census#: _____
Relation: _____ ☐ Full Access ☐ *Limited Access

I understand this action is voluntary and I reserve the right to revoke this authorization in writing. Further, I hereby release all persons and organizations from Liability for providing referent information to the individual(s) mentioned above.

Signature: _____ Date: _____
Address: _____

**For limited access authorization, please indicate information you wish to remain confidential by CCSFAP*