



## COVE CHAPTER Student Financial Assistance Program APPLICATION

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 (either physically or mailed and postmarked) to the Cove Chapter Administration **BEFORE** the deadline date; **FAXED** applications will not be considered:

### NEW STUDENTS (have not previously received CCSFAP assistance)

- 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;
- 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
- 8) Letter of interest (300-words essay).

### RETURNING STUDENTS (previously assisted through CCSFAP)

- 1) CCSFAP application;
- 2) Copy of current ACTIVE Voter's registration Card
- 3) Copy of Students Valid State ID/Driver's License or Official School ID
- 4) Current Class schedule;
- 5) Current Official transcript;
- 6) Verification of enrollment (if transferred);

- 2) CCSFAP deadlines are as follows:

*Spring Semester..... First Friday of February by 5:00 PM*

*Fall Semester..... First Friday of September by 5:00 PM*

- 3) 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◆

PO BOX # 378, RED VALLEY, ARIZONA 86544 P: (928) 653-5806 F: (928) 653-5808 E-MAIL: COVE@NAVAJOCHAPTERS.ORG

### Student Financial Assistance Program Application

Application for the term of: Spring 20 \_\_\_\_ Fall 20 \_\_\_\_

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:					
Parent/Guardian's Name:	Address:		City:	State:	Zip Code:
Name & Location of High School or G. E. D. Center:			H.S Diploma or G. E. D. received: Month/Year		
College or University You Will Attend: **DO NOT LEAVE THE NEXT 2 ROWS BLANK – THIS IS WHERE YOUR CHECK WILL BE SENT**					
College or University Name:			Mailing Code:		
Mailing Address:	City:	State:		Zip Code:	
Type of Degree You Will Earn While Attending College:	Diploma or Certificate	Associates: A.A. / A.S. / A.A.S.	Bachelors: B. A./B. S.	Masters: M. A./M. S.	Doctorate: Ed.D./ M.D./ PH. D.
College Classification: (Check One) <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate/Post Graduate					
Undergraduate/Graduate (REQUIRED INFORMATION): Major:			Anticipated Date of Graduation: Month/Year		
Graduates ONLY (REQUIRED INFORMATION): Program or Dept. Accepted Into:			Anticipated Date of Graduation: Month/Year		
Have you Received CCSFAP Fin. Asst. Before? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, When and What Institution?			
My Enrollment Status will be: (Check One) <input type="checkbox"/> Undergraduate Full-Time 12 Credit Hours or more <input type="checkbox"/> Vocational Full-Time 12 Credit Hours or more <input type="checkbox"/> Graduate/Post Graduate Full-Time 9 Credit Hours or more <input type="checkbox"/> Undergraduate Part-Time 3 to 11 Credit Hours <input type="checkbox"/> Vocational Part-Time 3 to 11 Credit Hours <input type="checkbox"/> Graduate/Post Graduate Part-Time 3 to 8 Credit Hours					

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

PLEASE PRINT LEGIBLY AND COMPLETE APPROPRIATE INFORMATION

## **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:**

<b>Spring Semester</b>	<b>1<sup>st</sup> Friday of <i>February</i></b> Before 5:00 PM	Application, Voter Registration, CIB, Class Schedule, Official Transcripts, Letter of Interest and Verification of Enrollment.
<b>Fall Semester</b>	<b>1<sup>st</sup> Friday of <i>September</i></b> Before 5:00 PM	Application, Voter Registration, CIB, Class Schedule, Official Transcripts, Letter of Interest and Verification of Enrollment.

#### **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. Release their official academic transcript information indicating the most recent academic term grades, graduation date, academic major and type of degree being pursued.
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 graduation date and certificate of degree to be conferred.
6. The APPLICANT shall consider other available grants and/or scholarship, such as federal, state, institution aid, and private sources, separate from CCSFAP.
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



## COVE CHAPTER Student Financial Assistance Program

### 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*