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.
# Student Financial Assistance Program Application

**Application for the term of:** Spring 20___  Fall 20____

<table>
<thead>
<tr>
<th>Date:</th>
<th>Applicants Name: (LAST) (First) (Middle Initial) (Maiden Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census No.:</td>
<td>Date of Birth: (MM/DD/YYYY)</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>City:</td>
</tr>
<tr>
<td>E-Mail Address:</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian’s Name:</td>
<td>Address:</td>
</tr>
<tr>
<td>Name &amp; Location of High School or G. E. D. Center:</td>
<td>H.S Diploma or G. E. D. received: Month/Year</td>
</tr>
<tr>
<td>College or University You Will Attend: <strong>DO NOT LEAVE THE NEXT 2 ROWS BLANK – THIS IS WHERE YOUR CHECK WILL BE SENT</strong></td>
<td></td>
</tr>
<tr>
<td>College or University Name:</td>
<td>Mailing Code:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>City:</td>
</tr>
<tr>
<td>College Classification: (Check One)</td>
<td></td>
</tr>
<tr>
<td>Undergraduate/Graduate (REQUIRED INFORMATION): Major:</td>
<td>Anticipated Date of Graduation: Month/Year</td>
</tr>
<tr>
<td>Graduates ONLY (REQUIRED INFORMATION): Program or Dept. Accepted into:</td>
<td>Anticipated Date of Graduation: Month/Year</td>
</tr>
<tr>
<td>Have you Received CCSFAP Fin. Asst. Before? (Check One)</td>
<td>YES</td>
</tr>
<tr>
<td>My Enrollment Status will be: (Check One)</td>
<td>Undergraduate Full-Time 12 Credit Hours or more</td>
</tr>
<tr>
<td></td>
<td>Undergraduate Part-Time 3 to 11 Credit Hours</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Deadline</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring Semester</td>
<td>1st Friday of February Before 5:00 PM</td>
<td>Application, Voter Registration, CIB, Class Schedule, Official Transcripts, Letter of Interest and Verification of Enrollment.</td>
</tr>
<tr>
<td>Fall Semester</td>
<td>1st Friday of September Before 5:00 PM</td>
<td>Application, Voter Registration, CIB, Class Schedule, Official Transcripts, Letter of Interest and Verification of Enrollment.</td>
</tr>
</tbody>
</table>

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 CCFFAP 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 Polices & 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
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 CSFAP 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