Pueblo Pintado Chapter

SCHOLARSHIP APPLICATION

For Office Use Only:

Rec By: _____

Semester applying for:

☐ *Fall Semester 20___*

☐ *Spring Semester 20___*

Name: _____ Census #: _____

Address: _____ Phone #: _____

_____ D.O.B.: _____

Email: _____ Social Security #: _____

Are you registered voter of Pueblo Pintado Chapter? ☐ YES ☐NO	Are you a veteran? ☐YES ☐NO

Mother's Name	Address	Tribe
Father's Name	**Address**	**Tribe**

Funding Type: Check only one
- ☐Scholarship
- ☐Financial Assistance
- ☐Student Enrichment
- ☐High School Tuition

Definitions are page 5 of Policies and Procedures.

G.P.A.:
- ☐ 2.0 or Above
- ☐ 2.50 or Above
- ☐ No GPA

Status:
- ☐ Full - Time
- ☐ Part - Time

Name of Post-Secondary School:
(Where you will be attending upon applying)

Have you received Chapter Scholarship before?
☐ YES ☐ NO
If yes, when:

Classification:
- ☐ Freshman
- ☐Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Graduate

Degree Seeking:
- ☐Doctorate
- ☐Master
- ☐Bachelor
- ☐Associate
- ☐Certificate
- ☐High School Diploma

Name of High School:

REQUIRED DOCUMENTS ATTACHED:
☐ YES ☐ NO

All the information provided is true and complete. I understand that I must attend the Pueblo Pintado Chapter meeting. If I cannot attend the meeting, I must appeal to the Scholarship Committee and make other arrangements.

_____ **Date:** _____/_____/_____

Signature