

Name: _____

Census #: _____

Address: _____

Phone #: _____

D.O.B.: _____

Email: _____

Social Security #: _____

Are you registered voter of Torreon/Star Lake Chapter? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you a veteran? <input type="checkbox"/> yes <input type="checkbox"/> no
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Mother's Name	Address	Tribe
Father's Name	Address	Tribe

Funding Type: Check only one <input type="checkbox"/> Scholarship <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Volunteer Fire Fighter Training Fee <input type="checkbox"/> High School Tuition Definitions are page 5 of Policies and Procedures.	Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate
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G.P.A.: <input type="checkbox"/> 2.50 or Above <input type="checkbox"/> 2.50 or Below <input type="checkbox"/> No GPA	Degree Seeking: <input type="checkbox"/> Doctorate <input type="checkbox"/> Master <input type="checkbox"/> Bachelor <input type="checkbox"/> Associate <input type="checkbox"/> Certificate <input type="checkbox"/> HS Diploma
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Status: <input type="checkbox"/> Full - Time <input type="checkbox"/> Part - Time <input type="checkbox"/> Half - Time	
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Name of Post-Secondary School:	Name of High School:
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Have you received Chapter Scholarship before? p YES pNO If yes, when:	REQUIRED DOCUMENTS ATTACHED: p YES pNO
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Are you a Chief Manuelito Scholarship Recipient? p YES pNO	Completed and Submitted FAFSA: p YES pNO (document list on first page)
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All the information provided is true and complete. I understand that I must attend the Torreon/Star Lake Chapter meeting. If I cannot attend the meeting, I must appeal to the Scholarship Committee and make other arrangements.

Signature

Date: ____/____/____