



TORREON/STAR LAKE CHAPTER
PO BOX 1024, CUBA NM 87013
SCHOLARSHIP APPLICATION

For Office Use Only
Date Received (stamped)

TERM APPLYING FOR: FALL SEMESTER 20____ SPRING SEMESTER 20____ NEW RETURNING

PERSONAL DATA

NAME (FIRST, MIDDLE, LAST):		SOCIAL SECURITY NO.:
MAILING ADDRESS, CITY, STATE, ZIP CODE:		DATE OF BIRTH:
EMAIL ADDRESS:	PHONE NUMBER:	CENSUS NUMBER:
ARE YOU A REGISTERED VOTER WITH TORREON CHAPTER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS (18 y/o only) DATE REGISTERED:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
IF UNDER 18 YRS OLD, NAME OF PARENT(S)/LEGAL GUARDIAN:		REGISTERED VOTER(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATIONAL DATA

NAME AND LOCATION OF HIGH SCHOOL:	DATE OF GRADUATION:
IF NO HS DIPLOMA, GED CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE RECEIVED:

NAME OF COLLEGE/UNIVERSITY ATTENDING:	CITY, STATE:
CLASSIFICATION: <input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR <input type="checkbox"/> GRADUATE <input type="checkbox"/> POST-GRADUATE	
TYPE OF DEGREE SEEKING: <input type="checkbox"/> ASSOCIATE'S <input type="checkbox"/> BACHELOR'S <input type="checkbox"/> MASTER'S <input type="checkbox"/> DOCTORAL <input type="checkbox"/> NON-DEGREE	
MAJOR/MINOR (FIELD OF STUDY):	EXPECTED GRADUATION DATE: (MM/YY)

FINAL GPA (PREVIOUS SEMESTER):	OFFICIAL TRANSCRIPT ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU RECEIVED A CHAPTER SCHOLARSHIP BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN?:	
HAVE YOU APPLIED FOR ANY OTHER SCHOLARSHIPS/FINANCIAL ASSISTANCE? <input type="checkbox"/> NO YES <input type="checkbox"/> WHAT?: <input type="checkbox"/> NAVAJO NATION SCHOLARSHIP <input type="checkbox"/> FAFSA (PELL GRANT) <input type="checkbox"/> STATE INCENTIVE GRANT <input type="checkbox"/> OTHER(S):	
HAVE YOU BEEN DENIED A SCHOLARSHIP? <input type="checkbox"/> NO <input type="checkbox"/> YES REASON:	
(FOR RETURNING STUDENTS ONLY) HAVE YOU COMPLETED 8 HOURS OF COMMUNITY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE AND WHEN? (PLEASE SUBMIT LETTER WITH DOCUMENTS)	

The information I've provided on this Torreón/Star Lake Chapter Scholarship application are true and correct, all supporting documents are attached, and hereby authorize Torreón/Star Lake Chapter to verify the information given. I understand that I must attend the Torreón/Star Lake Chapter Regular meeting for approval.

Print NameSignatureDate