

BACA/PREWITT CHAPTER
 PO BOX 563
 PHONE: 505-972-9917
 FAX: 505-972-4221

Term(s) Applying For:	
20	Fall Semesters:
20	Spring Semester:
20	Summer Semester:

Chapter House Scholarship and Financial Assistance

Name (First, Middle, Last)		Social Security	Census
Current Mailing Address: City/State/Zip code			Telephone Number
Birth Date:	Sex:	Marital Status	Number of Dependents
Are You a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a registered voter of Baca/Prewitt Chapter? MUST PROVIDE PROOF OF VOTER REGISTRATION. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mother's Name	Address: City/State/Zip		Tribe
Father's Name	Address: City/State/Zip		Tribe

EDUCATIONAL INFORMATION

High School: Name/City/State/Zip		Month/Year of Graduation or GED Certification	
College 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	College, University, you plan to attend: Name: City/State/Zip		
	Major:	Type of Degree Seeking:	
	Letter of Accepance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Chapter Resolution: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Request?
Name of College or University Last Attendent		Month and Year	Have you received NN scholarship before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> When
Have you received a Chapter Scholarship before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Institution:	
If Yes WHEN?			
I certify that the information provided is correct and accurate to the best of my knowledge.			

Signature _____

Date: _____

Check off List for Completion:	<input type="checkbox"/> Current Scholarship Application	<input type="checkbox"/> Signed Policies & Procedures
	<input type="checkbox"/> Letter of Admission	<input type="checkbox"/> Social Security Card
	<input type="checkbox"/> Verification of Voter Registration	<input type="checkbox"/> Census Number (CIB)
	<input type="checkbox"/> Registration Form/Class Schedule	<input type="checkbox"/> Photo Identification

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