



Forest Lake Chapter  
Chapter Scholarship  
Highway N-41 \* Post Office Box 441  
Pinon, Arizona 86510  
Phone: (928) 677-3252/3347 \* Fax: (928) 677-3320  
Email: forestlake@navajochapters.org

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Please attach the following **CURRENT** documents with the Forest Lake Chapter Scholarship application.

Please note: Chapter Administration Staff will not make copies from previous document submitted.  
Chapter Coordinator may ask for additional documents

- \_\_\_ 1. Letter of Acceptance from institution planning to attend (First Time Applicants)
- \_\_\_ 2. Copy of Social Security Card
- \_\_\_ 3. Copy of Birth of Certificate
- \_\_\_ 3. Copy of Certificate of Indian Blood (CIB)
- \_\_\_ 4. Copy of Navajo Nation Voter Registration receipt or card,  
If you are not registered, you need to do so at the Chapter. ~~
- \_\_\_ 5. Current Verification of Enrollment: Student status: Full Time or Part Time Student. (**For all returning students**)
- \_\_\_ 6. Returning Students: Submit Current Original Transcript.  
(Will not be accepting unofficial transcripts)
- \_\_\_ 7. Completed and signed W9 form

**DEADLINE:** August 31st, 2022 @ 4:30 pm (for Fall Session 2022)

Please submit complete application to Forest Lake Chapter House in person or:

Mail to:

Forest Lake Chapter  
Chapter Scholarship OR  
Post Office Box 441  
Pinon, Arizona 86510

Fax to:

Forest Lake Chapter  
Attn: Chapter Scholarship  
(928) 677-3320  
and **mail original in the mail!!**

\*Any application submitted after deadline will not be considered. Please do not depend on others (i.e.: chapter officials, chapter manger, parents etc.) to turn in your application for you.

~~Obtaining a Navajo Nation Voter Verification: Navajo Nation Election Administration can verify requested voter registration by fax: Navajo Nation Elections Administration, Fax # (928) 871-7344. NN Elections Administration will not verify Voter Registration request made by telephone. Please inform them to send a copy by fax to (928) 677-3320. For more information please write to: Navajo Nation Elections Administration, Post Office Box 3449, Window Rock, Arizona 86515, or call (928) 871-6367 or 1-800-775-8683.

**PLEASE CONTACT FOREST LAKE CHAPTER FOR MORE INFORMATION**



Forest Lake Chapter  
 Chapter Scholarship  
 Highway N-41 \* Post Office Box 441  
 Pinon, Arizona 86510  
 Phone: (928) 677-3252/3347 \* Fax: (928) 677-3320  
 Email: forestlake@navajochapters.org

**TERM(S) APPLYING FOR:**

20 \_\_\_\_\_ Fall Session

**PERSONAL AND FAMILY DATA:**

|                                                                                |                                                                  |                                                                                                                                                     |                |         |                |               |
|--------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------|----------------|---------------|
| SSN#:                                                                          | CENSUS#:                                                         | NAME: (Last)                                                                                                                                        | (Suffix)       | (First) | (MI)           | (Maiden Name) |
| CURRENT MAILING ADDRESS: City/State/Zip                                        |                                                                  |                                                                                                                                                     |                |         | TELEPHONE #:   |               |
| PERMANENT MAILING ADDRESS: City/State/Zip                                      |                                                                  |                                                                                                                                                     |                |         | TELEPHONE #:   |               |
| DATE OF BIRTH:                                                                 | GENDER:<br><input type="checkbox"/> M <input type="checkbox"/> F | MARITAL STATUS:                                                                                                                                     | SPOUSE'S NAME: |         | # OF CHILDREN: |               |
| ARE YOU A VETERAN?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                  | FOREST LAKE CHAPTER REGISTERED VOTER?<br><input type="checkbox"/> Yes <input type="checkbox"/> No Please attach voter registration receipt or card. |                |         |                |               |
| MOTHER'S NAME:                                                                 |                                                                  | ADDRESS: City/State/Zip                                                                                                                             |                |         | TRIBE:         |               |
| FATHER'S NAME:                                                                 |                                                                  | ADDRESS: City/State/Zip                                                                                                                             |                |         | TRIBE:         |               |

**EDUCATIONAL DATA:**

|                                                                                                                                                                                                                                                                                                    |  |                         |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|----------------------------------------|
| NAME OF HIGH SCHOOL OR GED CENTER:<br>Name: _____ City: _____ State: _____                                                                                                                                                                                                                         |  |                         | MONTH/YEAR OF GRADUATION:<br>____/____ |
| TYPE OF SCHOOL GRADUATED FROM:<br><input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> BIA <input type="checkbox"/> Tribal Contract <input type="checkbox"/> Secular <input type="checkbox"/> GED                                                             |  |                         |                                        |
| COLLEGE CLASSIFICATION:<br><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/INSTITUTION ATTENDING:<br>Name: _____ City: _____ State: _____                                                                                                                                                                                                                  |  |                         |                                        |
| MAJOR:                                                                                                                                                                                                                                                                                             |  | MONTH/YEAR TO GRADUATE: |                                        |
| I WILL BE ATTENDING COLLEGE: (please check one)<br><input type="checkbox"/> Undergraduate Full-Time (12 credit hours or more) <input type="checkbox"/> Part-Time (less than full-time credit hours Graduate/Undergraduate)<br><input type="checkbox"/> Graduate Full Time (9 credit hours or more) |  |                         |                                        |
| HAVE YOU RECEIVED FOREST LAKE CHAPTER SCHOLARSHIP BEFORE?<br><input type="checkbox"/> Yes <input type="checkbox"/> No Month/Year: _____ / _____ Amount: \$ _____                                                                                                                                   |  |                         |                                        |

I certify that the information provided is correct to the best of knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date