

# TONALEA CHAPTER STUDENT FINANCIAL ASSISTANCE PROGRAM

## (TCSFAP) APPLICATION

Term Applying for (Complete ONE)	
20	Fall Semester
20	Spring Semester
20	Other _____
<p>Please note this is a one time assistance, per semester and scholarship amount varies depending on college classification.</p>	

**Tonalea Chapter**  
 Post Office Box 207  
 Tonalea, Arizona 86044-0207  
 Telephone: (928)283-3430  
 Fax: (928)283-3435



Date: \_\_\_\_\_

### A: STUDENT INFORMATION

Legal Name (Last, Middle, First):		Social Security Number:		Census Number:	
Current Mailing Address:				Telephone No.:	
Permanent Home Address:				Alternate Telephone No.:	
Email Address:					
Date of Birth:	Gender		Marital Status:	Are you a Veteran?	
	Male	Female		YES	NO
Are you Registered with the Navajo Nation Election Office?			YES	NO	
Chapter Affiliation:		If yes, when did you register?			
Mother's Name:		Mailing Address:		Ethnic:	
Father's Name		Mailing Address:		Ethnic:	
Guardian's Name/Relation:		Mailing Address:		Ethnic:	

### B: SCHOOL INFORMATION

High School (Name, City, and State):			Month/Year of Graduation or GED Certificate:		
College Classification (Circle One)					
Freshman	Sophomore	Junior	Senior	Post Graduate	
School you will be attending? (Name, City, and State)				Major Field of Study:	
Address of school Financial Aid Office & Phone Number:					
Type of School (Check one) <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Jr. College <input type="checkbox"/> Technical <input type="checkbox"/> Other (List): _____					
Type of Degree you are seeking?	Do you have a letter of Acceptance? (circle)		Status while attending (circle one)		
	YES	NO	Full-Time	Part-Time	
Total Hours/credits of semester or term applying for:					
Total Hours Earned:			Cummulative GPA:		
Anticipated Graduation Date (month/year):					
Name of College/University last attended:				Month/Year:	
Have you received assistance from the Chapter before?			If yes, when?		Institution Attended:
YES	NO				