

Coyote Canyon Chapter

Student Financial Assistance Program

Scholarship Check off List:

- o Student I.D. / State Identification Card / Driver's License
- o Social Security Card
- o Certificate of Indian Blood (C.I.B)
- o Voter Registration Card (18 and over)
- o Current Letter of Admissions
- o Official College Transcripts
- o DD-214 Discharge Papers- U.S. Military Veteran
- o COVID VACCINE CARD



Coyote Canyon Chapter

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Brimhall, NM 87310

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Student Financial Assistance Program

Term(s) Applying For:					
20__ Fall 20__ Spring Semester / 20__ Fall 20__ Winter 20__ Spring Quarter / 20__ Summer Session(s)					
Personal and Family Data					
Social Security #:		Census #:		Name: (Last, First, M.I, Sr./Jr)	
Mailing Address: (City/State/ZIP)				Phone #:	
Date of Birth:		Gender:		Marital Status:	
				Spouse's Name:	
				# Of Children:	
Veteran: Yes No			Are you, a parent, or a guardian registered with the Chapter? IF Yes, who?		
Branch:					
Mother's Name:		Address: (City/State/ZIP)			Tribe:
Father's Name:		Address: (City/State/ZIP)			Tribe:
Educational Data					
High School: (Name, City, State)				Month & Year of High school or GED Graduation:	
Class Classification: Freshman Sophomore Junior Senior Graduate Post-					
Trade School, College, or University you plan to attend: (Name, City, State)					
Type of Degree, certificate, or Apprenticeship you are seeking:				Anticipated Date of Graduation:	
Name and Dates of Trade school, College, or University last attended:					
Have you received any Chapter Financial assistance before? Yes No				IF Yes, When and for what school?	
Disclaimer and Signature					
I, _____ certify that the information I provided to the Coyote Canyon chapter is correct to the best of my knowledge.					
Signature _____			Date _____		
For Coyote Canyon Chapter Administration Use Only					
Date Received	Date Confirmed	Original Copy(s)	Date Received	Date Confirmed	XEROXED COPY(S)

The Contract is made and entered into for the academic school year. The student is making application, by and between the Coyote Canyon Chapter Student Financial Assistance and the student applicant.

1)PURPOSE:

The purpose of the Student Financial Assistance is to defray some necessary education expenses for the eligible Coyote Canyon member students while attending a College, University or Vocational institution.

2) ALL APPLICANTS SHALL:

ELIGILITY REQUIREMENTS: The Financial aid shall be determined based on eligibility, enrollment and academic progress. The student:

- Shall be pursuing a degree is Associates, Bachelor, Masters, Doctoral or a Vocational Certification.
- Shall be accepted as a full-time or part-time student.
- A registered voters from coyote canyon for at least six (6) months or more prior to requesting for assistance.
- Shall maintain Grade Point Average (GPA) of 2.0 or better.
- Shall maintain automatically be ineligible, if falsification of information on application is determined by Chapter administration.

3) CHAPTER GUIDELINE:

Coyote Canyon Chapter administration shall determine the assurance of student financial assistance based upon the availability of funds. The financial assistance shall be made pursuant to the following guidelines:

- Chapter shall award funds in the following manner:
 - a. Full-Time Students at 50-miles radius institute with (12 Cr. Hour +) -----\$400.00
 - b. Part-Time Students (1-11 Cr. Hours) -----\$325.00
 - c. Graduate Students ----- \$700.00

Student Financial Assistance shall be approved by a certified Chapter resolution with the following information.

- a. A completed, dated and signed application.
- b. A copy of Coyote Canyon Voting Registration.
- c. A Current Letter of Admission/Acceptance of a post-secondary institution.
- d. An "Official" transcript of the previous semester grades.

4) PROCEDURES:

The following application process shall be complied with before any financial assistance can be disbursed.

5) STUDENT RESPONSIBILITIES:

Obtain an application from Coyote Canyon Chapter administration and submit before deadline dates.

FALL TERM	June 30	Application with all required documents. Present at either planning Meeting or Regular Chapter Meeting. (self/representative)
CONTINUING STUDENT	JUNE 30	Submit Grades and Class Schedule
WINTER/SPRING TERM	NOVEMBER 29	Application with all required documents. Present at either planning Meeting or Regular Chapter Meeting. (self/representative)
CONTINUING STUDENT	DECEMBER 31	Submit Grades and Class Schedule
SUMMER TERM	APRIL 30	Application with all required documents. Present at either planning Meeting or Regular Chapter Meeting. (self/representative)
CONTINUING STUDENT (TRI-SEMESTER)	MAY 31	Submit Grades and Class Schedule WILL BE HANDED ON CASE BASIS

1. Application must be completed by the application; and provided all required documents before the package can be accepted by Chapter administration. Must submit application before deadline **(NO EXCEPTION)**. Incomplete application with no signature or supporting documents will not be accepted.
2. The students shall be present assistance request on his/her own behalf **after the last documents is submitted by deadline, for approval from the Chapter membership by next following month.**

6) CHAPTER RESPONSIBILITIES:

1. NO incomplete application or faxed documents will be accepted by the Chapter administration. (NO EXCEPTION)
2. Only the completed application and the prepared resolution by Chapter Coordinator will be forward to the Chapter Secretary/Treasurer for the Planning and regular chapter meeting for community approval.
3. The financial assistance check shall be disbursed to the applicant within ten (10) working days from approval date of the resolution.
4. The financial assistance check shall be personally picked-up by the student only or mailed to the current address provided on the application. The Chapter checks are issued only on Monday, Wednesday and Friday each week after 1:00 pm if and when this application is approved, I _____ shall accept and abide by the conditions stipulated in the terms above and will be bound by the responsibilities and consequences there of and give permission to the Coyote Canyon to receive my transcript and financial information.

Applicant Signature

Date**Application Reviewed**

Community Service Coordinator**STAMP HERE (OFFICE USE ONLY)**