



# COYOTE CANYON CHAPTER STUDENT FINANCIAL ASSISTANCE PROGRAM

P.O. Box 257, Brimhall, NM 87310  
 Phone: (505) 735- 2623  
 Email: coyotecanyon@navajochapters.org

## PERSONAL AND FAMILY DATA

Term(s) Applying For:
20__ Fall Semester
20__ Spring Semester
20__ Fall Quarter
20__ Winter Quarter
20__ Spring Quarter
20__ Summer Session(s)

Social Security #:	Census #:	Legal Name: (Last, First, Middle Initial, Sr./Jr.)			
Current Mailing Address: (City/State/Zip Code)					Telephone #:
Permanent Home Address: (City/State/Zip Code)					Telephone #:
Email Address:					
Date of Birth:	Gender:	Marital Status:	Spouse's Name:	# of Children:	
Veteran YES <input type="checkbox"/> NO <input type="checkbox"/>		Branch:	Are you, a parent, or a guardian registered with the Chapter? If yes, who?		
Mother's Name:	Address: (City/State/Zip Code)			Tribe:	
Father's Name:	Address: (City/State/Zip Code)			Tribe:	

## EDUCATIONAL DATA

High School: (Name, City, State)	Month & Year of High School or GED Graduation:
College Classification: Freshman <input type="checkbox"/> Sophomore: <input type="checkbox"/> Junior: <input type="checkbox"/> Senior: <input type="checkbox"/> Graduate: <input type="checkbox"/> Post- <input type="checkbox"/>	
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 befo	If Yes, when and for what school?

I certify that the information I provided to the Coyote Canyon Chapter is correct to the best of my knowledge.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**A NEW CHAPTER STUDENT FINANCIAL ASSISTANCE APPLICATION WITH UPDATED INFORMATION SHOULD BE SUBMITTED EACH SEMESTER OR TERM.**

FOR COYOTE CANYON CHAPTER ADMINISTRATION USE ONLY					
Date Received	Date Confirmed	ORIGINAL COPY(s)	Date Received	Date Confirmed	XEROXED COPY(S)
Date of Validation of School Enrollment or Attendance:			School Official Contacted:		