

**DEADLINES FOR CHAPTER SCHOLARSHIPS**

FALL- Last Friday in October

SPRING- Last Friday in February

**NAVAJO MOUNTAIN  
CHAPTER SCHOLARSHIP  
Fiscal Year 2019**

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

School Attending: \_\_\_\_\_

TERM APPLYING FOR: \_\_\_\_\_ CREDIT HOURS: \_\_\_\_\_

Date Recv'd \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Recv'd by \_\_\_\_\_

	<b>Complete Chapter Scholarship Application</b>
	<b>Copy of Applicants Voter's Registration for Navajo Nation (Navajo Mountain)</b>
	<b>Copy of Applicants Certificate of Indian Blood (CIB)</b>
	<b>Copy of Applicants Social Security Card</b>
	<b>Copy of Applicants Photo Identification (Driver's License or ID)</b>
	<b>Official Transcript (Previous Grades) <i>Copies will not be accepted!</i></b>
	<b>Letter of Commitment                      Community Service Date:</b>
	<b>Current Class Schedule with School Letterhead</b>
	<b>Verification/Letter of Admission with School Letterhead</b>
	<b>Memorandum of Understanding (Chapter Scholarship Policy)</b>
	<b>Form W-9 Request for Taxpayer Identification Number and Certification</b>

**PLEASE NOTE: Due to Confidentiality, the student is responsible for inquiring about their Chapter Scholarship. We will NO longer be giving out information to parents and/or guardians unless there's assigned letter from the applicant for approval. *NO FAX/COPIES WILL BE ACCEPTED!***

**FOR OFFICE USE ONLY**

<b>REVIEW APPLICATION:</b>	Approved: YES / NO if no, please explain below
Received:                      By: (Staff Initials)	Account Code: _____ Check Amount: _____
COMMENT  By: (Staff Initials)	Check No. _____  Date: _____
	FILED BY: _____

ALL required documents are to be turned into the Chapter office before deadline date- **NO FAX/COPY OF APPLICATION WILL BE ACCEPTED**



# CHAPTER STUDENT FINANCIAL ASSISTANCE PROGRAM

**Navajo Mountain Chapter House**  
**Post Office Box 10070**  
**Tonalea, Arizona 86044**  
**PHONE: 928/672-2915      FAX: 928/672-2917**

<b>Terms Applying For:</b>	
20_____	Fall Semester
20_____	Spring Semester
20_____	Fall Quarter
20_____	Winter Quarter
20_____	Spring Quarter
20_____	Summer Session(s)

**DATE:** \_\_\_\_\_

## PERSONAL AND FAMILY DATA

Legal Name: Last, First, Middle Initial		Census Number:	Social Security Number:	
Permanent Mailing Address: City / State / Zip			Telephone Number:	
Permanent Home Address: City / State / Zip			Telephone Number:	
Date of Birth	Sex:	Marital Status:	Spouse's Name:	Number of Children:
Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a registered voter of this Chapter? Must provide proof or voter registration. Yes <input type="checkbox"/> No <input type="checkbox"/>		Chapter Affiliation:	
Mother's Name	Address: City / State / Zip			Tribe:
Father's Name	Address: City / State / Zip			Tribe:

## EDUCATIONAL DATA

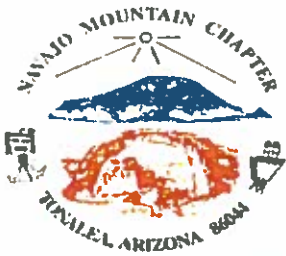
High School: Name, City, State		Month & Year of Graduation or G.E.D. Certificate:
College Classification: Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/>		
College or University Attending: City / State / Zip	Major:	Type of Degree you are seeking:
Letter of Acceptance: Yes <input type="checkbox"/> No <input type="checkbox"/>	How many Credit Hour(s)	Amount of Request ( \$ ):
Name of College or Univeristy last attended: City / State / Zip	Month / Year:	Have you received Chapter Scholarship Assistance? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, When:	Institute:	
<i>I certify that the information provided is correct to the best of my knowledge:</i>		
Signature:	Date:	

## APPLICATION STATUS

	DATE:	Received By:	APPROVAL	DENIED (GIVE REASON'S)
Chapter Staff				
Chapter Staff				

## AWARD STATUS

Date Received:	Received By:	Award Amount: \$	Check #:
Cancelled Date:	Check Returned:	Reimbursement Amount: \$	



## Letter of Commitment

**Hank Stevens**  
*President*

**Sharon L. Jean**  
*Vice-President*

**Willie Grayeyes**  
*Secretary/Treasurer*

**Russell Smallcanyon**  
*Grazing Committee Member*

**Herman Daniels Jr**  
*Council Delegate*

NaaTsis' Aan (Navajo Mountain) Chapter  
PO Box 10070  
Tonalea, AZ 86044

Dear Student,

Please fill out the form below to schedule a volunteer community service for any of Chapter activities throughout the year. This form has been approved by community members on September 25, 2015, Resolution# NM09/101-2015. If you have any questions, you may call the office at 928-672-2915.

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**Student applicant: Complete and return with Scholarship application packet. Thank you.**

As due diligence and in part of the scholarship policy, if I'm approved for the Chapter Scholarship funding, I will participate in one of the following events held at NaaTsis' Aan Chapter. **Please note: Office recommends student complete community service within the awarded semester.**

Community Thanksgiving Dinner

Community Christmas Dinner

Summer Youth Sponsored Activity

Community Annual Eehaniih Celebration Day

Attend Two Chapter Meetings (select 2 months)

- |                               |                                |                                 |                               |                                |                                |
|-------------------------------|--------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------|
| <input type="radio"/> January | <input type="radio"/> February | <input type="radio"/> March     | <input type="radio"/> April   | <input type="radio"/> May      | <input type="radio"/> June     |
| <input type="radio"/> July    | <input type="radio"/> August   | <input type="radio"/> September | <input type="radio"/> October | <input type="radio"/> November | <input type="radio"/> December |

It will be my responsibility to get dates and times of activities held by NaaTsis' Aan Chapter. I agree to commit myself to assist and help NaaTsis' Aan Chapter in providing services to the community. If I should not fulfill my obligation to participate in a Chapter event, I am aware that I will be ineligible to receive any future Scholarship assistance from NaaTsis' Aan Chapter.

**Signature:** \_\_\_\_\_

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

**Contact Information**

<b>Name</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Name of School</b>	
<b>Address</b>	



**Hank Stevens**  
*President*

**Sharon L. Jean**  
*Vice-President*

**Willie Greyeyes**  
*Secretary/Treasurer*

**Russell Smallcanyon**  
*Grazing Committee  
Member*

**Herman Daniels Jr**  
*Council Delegate*

## MEMORANDUM

**TO:** Chapter Scholarship Recipients

**FROM:** Navajo Mountain Chapter

**DATE:** August 31, 2018

**SUBJECT:** Memorandum of understanding: Recipients Obligation to the Scholarship and Financial Assistance Awards and the Chapter Scholarship and Financial Assistance Policy and Procedures.

I, \_\_\_\_\_, have read and understand the Chapter Scholarship and Financial Assistance Policy and Procedures.

I, \_\_\_\_\_, understand that upon my award of the Chapter Scholarship and Financial Assistance, I am obligated to utilize the funds for my educational expenses as specified in the Chapter Scholarship and Financial Assistance Policy and Procedures. I also understand, as specified in the Chapter Scholarship Policy and Procedures, that I will be obligated to repay the awarded funds if I misuse the funds or withdraw from school unofficially and without notification to the Chapter.

### SIGNATURE(S):

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if minor)

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
2 Business name/disregarded entity name, if different from above
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____ <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.
6 City, state, and ZIP code
7 List account number(s) here (optional)
Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
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OR											
Employer identification number											
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### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*