



**NAHATA DZIIL COMMISSION GOVERNANCE
STUDENT FINANCIAL ASSISTANCE PROGRAM**

Term(s) Applying For:	
20 _____	Fall Semester
20 _____	Spring Semester

P.O. Box 400 Sanders, AZ 86512
 Phone: (928) 688-2150 Fax: (928) 688-2235
 Website: www.nahatadziil.nddes.org

PERSONAL AND FAMILY DATA

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 #:	
Date of Birth:	Gender:	Marital Status:	Spouse's Name:	# of Children:	
Veterans: Yes No		Are you, parent, or guardian registered with the Chapter?			
Branch:		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-Graduate: <input type="checkbox"/>		
Trade School, College, or University you plan to attend: (Name, City, State)		
Type of Degree, Certificate, or Apprenticeship:	Anticipated date of graduation:	
Name and Dates of Trade School, College, or University last attended:		
Have you received any Chapter Financial Assistance before?	If Yes, When & Name of School:	

I certify that the information I provided to the Nahata Dziil Commission Governance is correct to the best of my knowledge.

Signature

Date

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

FOR NDCG ADMINISTRATION USE ONLY					
RECV'D	CONFIR'D	ORIGINAL COPY(S)	RECV'D	CONFIR'D	XEROXED COPY(S)
		Letter of Acceptance/Enrollment			Original Social Security Card
		Official School Transcript			Original CIB
		Class Schedule for Semester			Applicant/Guardian NDCG Voter's Card
					Homesite Lease
Date of Validation of School Enrollment or Attendance:					
School Official Contacted:					

