

**TBK SFA:** \_\_\_\_\_

NAME: \_\_\_\_\_

SEMESTER / QTR: \_\_\_\_\_

**TS'AH BII KIN CHAPTER SCHOLARSHIP FINANCIAL ASSISTANCE  
GENERAL ELIGIBILITY & CHECK LIST**

- 1) Applicants, (18) years or older must be a REGISTERED VOTER of Ts'ah bii kin Chapter through the Navajo Nation Election Office. Applicants (17) years or younger will have a parent or guardian who is a registered voting member of Ts'ah bii kin chapter.
- 2) College, university, vocational or technology institution Applicant will be enrolled in a college, university, vocational or technology institution.

<b>REQUIRED DOCUMENTS MUST BE COMPLETE AND SIGNED</b>	<b>OS REVIEW</b> <small>(Return to Applicant)</small>	<b>OS FORWARD</b> <small>(Forward to CSC)</small>	<b>CSC REVIEW</b> <small>(Return to OS)</small>	<b>CSC Approval</b> <small>(Process)</small>
Complete Chapter Scholarship Assistance Application				
Ts'ah bii kin Chapter Authorization for Release of Information (3 Pages)				
Ts'ah bii kin Chapter Terms & Conditions Student Agreement				
Copy of Social Security Card				
Copy of Certificate of Indian Blood				
Copy of Voter Registration Card				
Copy of Photo Identification				
College or High School Transcript				
Current Class Schedule				
Authorization Letter for Check Release				
Letter of Verification of Attendance from School <input type="checkbox"/> College/University <input type="checkbox"/> Vocational/Technology <input type="checkbox"/> General Education Diploma				

**NOTE:**

Amount funded will be shared with the Navajo Nation Scholarship & Financial Assistance.

Funding is contingent on completion of class with a passing semester grade of "C" or better.

Applicant **MUST** repay funded amount if they don't meet the semester grade point average of "C" or withdraws from the class.

<b>FOR ADMINISTRATIVE USE ONLY</b>	



**TS'AH BII KIN CHAPTER**

PO BOX 1755  
 KAIBETO, AZ 86053  
 OFFICE: 928-672-2337  
 FAX: 928-672-2468

**TBK SFA:** \_\_\_\_\_

<input type="checkbox"/>	FALL
<input type="checkbox"/>	WINTER
<input type="checkbox"/>	SPRING
<input type="checkbox"/>	SUMMER

**PERSONAL AND FAMILY DATA**

Legal Name: (Last, First, Middle)		Census No.:	Social Security No.:	
Permanent Mailing Address: (City, State, Zip Code)			Telephone No.:	
Permanent Home Address: (City, State, Zip Code)			Message No.:	
Date of Birth: (MMDDYYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Spouse's Name:	No. of Children:
Are you a Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a registered voter of this Chapter? <input type="checkbox"/> YES <input type="checkbox"/> NO...Is your parent a registered voter? <input type="checkbox"/> YES <input type="checkbox"/> NO		Chapter Affiliation:	
Mother's Maiden Name (Last, First, Middle)		Mailing Address: (City, Arizona, Zip Code)	Telephone No.:	
Father's Name: (Last, First, Middle)		Mailing Address: (City, Arizona, Zip Code)	Telephone No.:	

**EDUCATION DATA**

College Classification:					
<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate
Major	Minor	Type of Degree seeking			
College/ University / Vocational / Technical School <b>CURRENTLY ATTENDING:</b> (Name, Address, City, State)				Telephone No.:	
College/ University / Vocational / Technical School <b>LAST ATTENDED:</b> (Name, Address, City, State)				Telephone No.:	
High School: (Name, Address, City, State)			Month & Year of Graduation or G.E.D.		

**FINANCIAL DATA**

Have you previously received Chapter Scholarship Financial Assistance? <input type="checkbox"/> NO <input type="checkbox"/> YES...When? _____ Institution: _____		How many Credit Hours?	Amount Received:
Current Information for Chapter Scholarship Financial Assistance: Name of Institution: _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part Time		How many Credit Hours?	Amount Requesting:

**CERTIFICATION**

I, \_\_\_\_\_, certify that the information provided is correct to the best of my knowledge

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AWARD DATA**

Resolution No.:	Amount Awarded:	Check No.:	Paid on:
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TBK SFA: \_\_\_\_\_

TS'AH BII KIN CHAPTER STUDENT FINANCIAL ASSISTANCE

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby request the disclosure of information from my record.

The information to be released from:

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

And is to be provided to:

Name of Entity: Ts'ah bii kin Chapter Administration & Planning Advisory Board Members

Address: PO BOX 1755

City / State / Zip: KAIBETO, AZ 86053

The purpose for this disclosure is for Scholarship Assistance and the informaton is to be released from my student folder for transcript and attendance.

I understand that I may revoke this authorization in wrting at anytime, except to the extend that action has been take in reliance on this authoizrization. If this authorization has not been revoked, it will terminate one year from date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

TBK SFA: \_\_\_\_\_

TS'AH BII KIN CHAPTER STUDENT FINANCIAL ASSISTANCE

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby request the disclosure of information from my record.

The information to be released from:

Applicant's Name: Navajo Nation Scholarship & Financial Assistance

Address: P.O. Box 370

City / State / Zip: Tuba City, Arizona 86045

And is to be provided to:

Name of Entity: Ts'ah bii kin Chapter Administration & Planning Advisory Board Members

Address: PO BOX 1755

City / State / Zip: KAIBETO, AZ 86053

The purpose for this disclosure is for Scholarship Assistance and the informaton is to be released from my student folder for transcript and attendance.

I understand that I may revoke this authorization in wrting at anytime, except to the extend that action has been take in reliance on this authoORIZATION. If this authorization has not been revoked, it will terminate one year from date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

TS'AH BII KIN CHAPTER STUDENT FINANCIAL ASSISTANCE

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby request the disclosure of information from my record.

The information to be released from:

Applicant's Name: Ts'ah bii kin Administration  
Address: PO BOX 1755  
City / State / Zip: KAIBETO, AZ 86053

And is to be provided to:

Name of Entity: Navajo Nation Scholarship & Financial Assistance  
Address: P.O. Box 370  
City / State / Zip: Tuba City, Arizona 86045

The purpose for this disclosure is for Scholarship Assistance and the informaton is to be released from my student folder for transcript and attendance.

I understand that I may revoke this authorization in wrting at anytime, except to the extend that action has been take in reliance on this authoizrization. If this authorization has not been revoked, it will terminate one year from date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**TBK SFA:**

**TS'AH BII KIN CHAPTER STUDENT FINANCIAL ASSISTANCE**

**TERMS & CONDITIONS STUDENT AGREEMENT**

Applicant shall submit the following documents to determine eligibility:

- 1) Complete Chapter Scholarship Assistance Application
- 2) Ts'ah bii kin Chapter Authorization for Release of Information (3 Pages)
- 3) Ts'ah bii kin Chapter Terms & Conditions Student Agreement
- 4) Copy of Social Security Card
- 5) Copy of Certificate of Indian Blood
- 6) Copy of Voter Registration
- 7) Copy of Photo Identification
- 8) College or High School Transcript
- 9) Current Class Schedule
- 10) Letter of Verification of Attendance from School

This Terms & Condition Agreement is entered into for the academic year. The applicant enters into an agreement, by and between the Ts'ah bii kin Chapter Scholarship Financial Assistance herein after referred to as TBK-SFA, and student applicant herein after referred to as "Undergraduate Recipient or Graduate Recipient"

I, as the Undergraduate Recipient, agree to:

- 1) Attend the institution as stated on the award letter and take the approved required course(s) as recipient of the program.
- 2) Earn a "C" or better in each course funded;
- 3) Be subject to repayment if:
  - a. I, receive a "D", "F", or "I" on the transcript grade in any course(s) funded by Ts'ah bii kin Chapter Student Financial Assistance;
  - b. I officially or unofficially Withdraw from course(s) funded;
  - c. I take repeated course(s).
- 4) Submit an official Grade Point report or transcript to Ts'ah bii kin Chapter no later than thirty (30) days after the completion of the academic term for continued eligibility.
- 5) Inform Ts'ah bii kin Chapter of any changes in my academic status as a student in the institution.

I, as the Graduate Recipient, agree to:

- 1) Attend the institution as stated on the award letter and take the approved required course(s) as recipient of the program.
- 2) Earn a "C" or better (2.0 GPA) in each course funded;
- 3) Be subject to repayment if:
  - a. I, receive a "D", "F", or "I" on the transcript grade in any course(s) funded by Ts'ah bii kin Chapter Student Financial Assistance;
  - b. I officially or unofficially Withdraw from course(s) funded;
  - c. I take repeated course(s).
- 4) Submit an official Grade Point report or transcript to Ts'ah bii kin Chapter no later than thirty (30) days after the completion of the academic term for continued eligibility.
- 5) Inform Ts'ah bii kin Chapter of any changes in my academic status as a student in the institution.

If this application is approved, I shall accept and abide by the TERMS & CONDITIONS as stated above. I will be bound by the responsibility and consequences thereof given permission to Ts'ah bii kin Chapter Scholarship Financial Assistant to receive my transcript and financial information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**AUTHORIZATION LETTER FOR CHECK RELEASE**

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

Ts'ah bii kin Administration  
PO BOX 1755  
KAIBETO, AZ 86053

Dear Ts'ah bii kin Administration,

I would like for my Chapter Scholarship Financial Assistance check to:

Be pick up myself.

Be released to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Be mailed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should you have any comments or questions, please contact me at:

Email Address:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Sincerely,

# Ts'ah Bii Kin Chapter

## Student Financial Assistance Policies

### I. INTRODUCTION:

The Ts'ah Bii Kin Chapter receives two types of educational funding: Navajo Nation General Funds and Fiduciary Funds; and the Chapter previous Fiscal Year's Carry-over Funds.

The Ts'ah Bii Kin Chapter, pursuant to 26 N.N.C., § 101 (a), is required to adopt and operate under a Five Management System to ensure accountability. The Chapter will develop policies and procedures consistent with Navajo Nation Laws.

### II. PURPOSE:

The Ts'ah Bii Kin Chapter Student Financial Assistance Policies provides control and guidance to the Ts'ah Bii Kin Chapter Administration in administering Student Financial Assistance Funds. The Navajo Nation appropriates these funds to assist eligible Navajo Students who are pursuing a degree in higher education or vocational training programs.

The Student Financial Assistance Policies is designed to assist and support the Chapter Administration and Officials to define and deal with Chapter Student Financial Assistance issues and to ensure that decisions are in accordance with the Chapter's plans and goals.

### III. ELIGIBILITY REQUIREMENTS FOR APPLICANTS:

- A. Must be a registered voter of Ts'ah Bii Kin Chapter with Navajo Nation Elections Administration 3 months prior to assistance. If an applicant is under 18 years old, a parent's voter registration with Ts'ah Bii Kin Chapter shall be used.
- B. Student must be a High School graduate from an accredited high school or have a GED.
- C. Must not be on a withdrawal status from previous semester nor have a repeat class.
- D. Must maintain a grade point average of 2.50 and above for eligibility. If the applicant is a continuing student, he/she must provide evidence of making



satisfactory academic progress with a grade point average 2.50 or above; not high school transcript.

E. Must be enrolled as a full-time student carrying 12 credits hour or more and a part-time student carrying 4 credit hours or more. Vocational students must be enrolled with a school that is nationally recognized by an accrediting organization, official verification from school shall be requested. The applicant must be attending an accredited college or vocational institution.

**F. Student and their parents will be required to attend at least four (4) regular Chapter meetings out of the year, further student will be required to bring themselves and four (4) registered voters for approval of their assistance.**

G. Student will submit their transcript at the completion of their semester.

#### **IV. REQUIRED DOCUMENTS TO BE SUBMITTED BY APPLICANT:**

It shall be the responsibility of the applicant to complete and submit the following required documents, any documents received by mail, fax, or email will be sent back to the sender if application is incomplete:

- A. A complete Ts'ah Bii Kin Chapter Student Financial Assistance Application
- B. Student Consent to Release Information.
- C. Terms & Conditions Student Agreement
- D. Authorization of release of payment.
- E. A copy of the letter of admissions/verification of enrollment from the institution attending for every semester.
- F. A copy of the Navajo Nation Elections Voter's Registration or a verification of an updated voter registration from the administrative staff.
- G. A copy of Social Security Card.
- H. A copy of Certificate of Indian Blood (CIB).
- I. A copy of Photo Identification
- J. An official transcript or an e SCRIP-SAFE, a global electronic official academic transcript from the previous semester for continuing students.

K. A current class schedule.

L. A typed written statement for financial assistance request.

**NOTE: Submission or acceptance of Student Financial Assistance application does not indicate approval nor does it mean that funds will be released.**

**V. EXPENDITURE POLICIES:**

A. Upon community approval and once resolution is received the Chapter Administration will have ten (10) days to process payment to the student.

B. Basis for financial assistance for each applicant:

i. Full-time student carrying 12 credit hours or more shall be assisted with \$600.00.

ii. Part-time student carrying 11 credit hours or less shall be assisted with \$400.00.

iii. Online student shall be assisted with \$400.00.

iv. Technical/Vocational Training shall be assisted with \$400.00.

C. Applicant shall be limited to one (1) financial assistance per fiscal year.

D. Applicant, after submitting all necessary documents, shall be considered only if funds are available.

E. Any verified false information or misuse of Chapter Student Financial Assistance shall result in two (2) fiscal years automatic suspensions.

F. Application for General Equivalence Diploma (GED) program shall be qualified only if applicant is attending a secondary vocational institution or college

G. All approved Chapter Student Financial Assistance shall be made payable to the Student.

**VI. PROCEDURES:**

A. Interested applicant shall pick up an application packet for the Chapter Student Financial Assistance from the Chapter or Download application from the Chapter website for the initial review and processing.

B. Each year the following deadline shall be complied with:

- i. Fall Semester-First Friday in October
  - ii. Spring Semester First Friday in January
  - iii. Summer Sessions One and Two- First Friday in May
- C. Accounts Maintenance Specialist shall review the application and all required documents for completeness. Accounts Maintenance Specialist will also make sure there is sufficient amount of funds available.
- D. Upon review and selection of applicants/recipients by the Chapter Administration, the applications shall be forwarded to the next duly called chapter meeting for approval with chapter resolution.
- E. The Chapter administration shall notify the applicant in writing, by email, or by phone of the outcome of their Chapter Student Financial Assistance application within two (2) days of receipt.
- F. The Accounts Maintenance Specialist shall make sure all necessary documents including the copy of the check are filed in accordance with the Chapter's Five Management System.

#### **VII. APPEAL PROCEDURES:**

- A. If an applicant is not satisfied with the decision made on his/her application the following steps shall be adhered to:
  - i. The applicant shall file a written request for a meeting with the Community Services Coordinator to discuss and resolve the denial of his/her request for assistance. The request for appeal shall be filed within 10 working days after receiving the denial letter.
  - ii. If the applicant is not satisfied with the outcome of the informal hearing, he/she may request within 5 working days an administrative hearing with the Hearing Officers in writing to request a Grievance Hearing. The Hearing Officers shall comprise of the three Chapter Officials: Chapter President, Chapter Vice President, and Chapter Secretary/Treasurer to render a final decision. The decision of the Hearing Officers shall be final.

#### **VIII. AMENDMENTS:**

The Ts'ah Bii Kin Chapter Administration may recommend to amend this Plan of Operation from time to time as needed and shall seek community membership approval at a duly called Regular Chapter Meeting.