

# PINEDALE CHAPTER SCHOLARSHIP FINANCIAL ASSISTANCE FORM

<b>Applying for: Check one</b>		<b>Spring</b>		<b>Fall</b>		<b>School Year:</b> _____
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## STUDENT'S PERSONAL INFORMATION

<b>STUDENT'S FULL NAME</b>		<b>STUDENT'S CENSUS NO.</b>
Last	First	Middle
<b>PERMANENT MAILING ADDRESS</b>		<b>STUDENT'S SOCIAL SECURITY NUMBER</b>
Address		
City	State	Zip Code
<b>STUDENT'S DATE OF BIRTH</b>	<b>WHAT IS YOUR MARTIAL STATUS AS OF TODAY?</b>	
MM/DD/YYYY	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	
<b>STUDENT'S CONTACT INFORMATION</b>		
Cell Phone Number	Message Number	E-mail Address <i>Required</i>
<b>IF UNDER 18 YEARS OLD AT TIME OF APPLYING FOR SCHOLARSHIP, PLEASE LIST YOUR PARENT'S NAME:</b>		
<b>MOTHER'S NAME</b> _____		<b>*** Please note: Parent(s) must be registered voter of Pinedale Chapter</b>
<b>FATHER'S NAME</b> _____		

## HIGH SCHOOL INFORMATION

<b>What will your high school completion status be when you begin school this year?</b>	
<input type="checkbox"/> High School diploma <b>Answer next question</b> <input type="checkbox"/> General Education Development (GED)	<input type="checkbox"/> Homeschooled <input type="checkbox"/> None of the above
<b>What is the name of the high school you attended and graduated from?</b>	
1. High School Name _____	
2. High School City/State _____	
3. Date of Graduation (MM/YYYY) _____	

## COLLEGE INFORMATION

<b>What will be your grade level be when you start class this semester?</b>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Never attended college, 1st year undergraduate Attended college before, and 1st year undergraduate 2nd year undergraduate/sophomore 3rd year undergraduate/junior 4th year undergraduate/senior 5th year/other undergraduate 1st year graduate/professional Continuing graduate/professional or beyond
<b>What degree or certificate will be working on when you begin this semester?</b>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Associate degree Bachelor's degree Graduate/professional degree Certificate program Teaching credentials Other/undecided
	Minor _____ Major _____ Certificate program name _____

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\*\*\* Pinedale Chapter does not accept enrolled GED/Adult basic education applicants for Scholarship Assistance

**MORE INFORMATION VISIT OUR WEBSITE: WWW.PINEDALEGOV.ORG**

**COLLEGE INFORMATION**

College, University, or school you plan to attend \_\_\_\_\_

Mailing address: Address/City/State/Zip Code \_\_\_\_\_

Total Class Hours \_\_\_\_\_

Full-time ☐Part-time ☐Half-time ☐

Semester start date \_\_\_\_\_

I have read and understood the Pinedale Chapter's Scholarship Policies and Procedures. **Initial** \_\_\_\_\_I understand that upon my receipt of my scholarship award, I am obligated to utilize the funds for educational expenss as specified in the Policies and Procedures. **Initial** \_\_\_\_\_I also understand that I will be obligated to repay the awarded funds if I misuse the funds or if I withdraw from school un-officially and without notification to the Pinedale Chapter. **Initial** \_\_\_\_\_I understand that by signing the forgoing document, that I attest and assure the Chapter the information is true and accurate. **Initial** \_\_\_\_\_**SIGNATURE:**

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature (If under 18 years old) \_\_\_\_\_

Date \_\_\_\_\_

**OFFICIAL USE ONLY:**

- ☒ Current completed/signed Scholarship application
- ☐ Copy of Letter of Admission or School enrollment verification
- ☐ Copy of semester class schedule
- ☐ Final original Transcript (Last school attended)
- ☐ Verification of Voter: Date/time verified: \_\_\_\_\_

Staff Int. \_\_\_\_\_

**Please submit the following if applying for the first time and/or updating files:**

- ☐ Copy of Social Security Card
- ☐ Copy of Certificate of Indian Blood
- ☐ Copy of School ID or State issued ID/Driver's License

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

Did applicant meet deadline? \_\_\_\_\_

Previous Award date:	Amount	Check No.

**ADMINISTRATION APPROVAL**

- ☐ Approved
- ☐ Disapproved

\_\_\_\_\_  
Community Services Coordinator Signature\_\_\_\_\_  
Today's Date

- ☐ Resolution attached?
- ☐ Criteria quailification form?
- ☐ Checklist attached?