

**PINEDALE CHAPTER  
SCHOLARSHIP FINANCIAL ASSISTANCE FORM**

<b>Applying for:</b> Check one	<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 <span style="margin-left: 150px;">First</span> <span style="margin-left: 150px;">Middle</span>	

<b>PERMANENT MAILING ADDRESS</b>	<b>STUDENT'S SOCIAL SECURITY NUMBER</b>
Address	
City <span style="margin-left: 150px;">State</span> <span style="margin-left: 150px;">Zip Code</span>	

<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"/> WIDOWED	<input type="checkbox"/> DIVORCED

<b>STUDENT'S CONTACT INFORMATION</b>		
Cell Phone Number	Message Number	E-mail Address <i>Required</i>

**IF UNDER 18 YEARS OLD AT TIME OF APPLYING FOR SCHOLARSHIP, PLEASE LIST YOUR PARENT'S NAME:**

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High School diploma	<b>Answer next question</b>	<input type="checkbox"/> Homeschooled	
<input type="checkbox"/> General Education Development (GED)		<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"/>	Never attended college, 1st year undergraduate
<input type="checkbox"/>	Attended college before, and 1st year undergraduate
<input type="checkbox"/>	2nd year undergraduate/sophomore
<input type="checkbox"/>	3rd year undergraduate/junior
<input type="checkbox"/>	4th year undergraduate/senior
<input type="checkbox"/>	5th year/other undergraduate
<input type="checkbox"/>	1st year graduate/professional
<input type="checkbox"/>	Continuing graduate/professional or beyond

<b>What degree or certificate will be working on when you begin this semester?</b>	
<input type="checkbox"/>	Associate degree <span style="margin-left: 150px;">Minor</span>
<input type="checkbox"/>	Bachelor's degree <span style="margin-left: 150px;">_____</span>
<input type="checkbox"/>	Graduate/professional degree <span style="margin-left: 150px;">Major</span>
<input type="checkbox"/>	Certificate program <span style="margin-left: 150px;">_____</span>
<input type="checkbox"/>	Teaching credentials <span style="margin-left: 150px;">Certificate program name</span>
<input type="checkbox"/>	Other/undecided <span style="margin-left: 150px;">_____</span>

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**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:**

- |                                     |   |                  |
|-------------------------------------|---|------------------|
| <input checked="" type="checkbox"/> | Current completed/signed Scholarship application              | Staff Int. _____ |
| <input type="checkbox"/>            | Copy of Letter of Admission or School enrollment verification | _____            |
| <input type="checkbox"/>            | Copy of semester class schedule                               | _____            |
| <input type="checkbox"/>            | Final original Transcript (Last school attended)              | _____            |
| <input type="checkbox"/>            | Verification of Voter: Date/time verified: _____              | _____            |

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

- |                          |   |       |
|--------------------------|---|-------|
| <input type="checkbox"/> | Copy of Social Security Card                          | _____ |
| <input type="checkbox"/> | Copy of Certificate of Indian Blood                   | _____ |
| <input type="checkbox"/> | Copy of School ID or State issued ID/Driver's License | _____ |

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

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

Previous Award date:	Amount	Check No.

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

**ADMINISTRATION APPROVAL**

- Approved
- Disapproved

\_\_\_\_\_ Community Services Coordinator Signature

\_\_\_\_\_ Today's Date