

ANETH CHAPTER

Student Financial Assistance Program

Students interested in applying with the Aneth Chapter Student Financial Assistance Program applications are encouraged to read the following to ensure students have all proper documents before the deadline date.

- 1) The following documents must be submitted (either physically or mailed and postmarked) to the Aneth Chapter Administration BEFORE the deadline date:**

NEW & RETURNING STUDENTS

- i. ACSFAP application;
- ii. Copy of student's Certificate of Indian Blood;
- iii. Current class schedule;
- iv. Current official transcripts;
 - a. Minimum GPA of 2.0 is required
- v. Copy of student's voter's registration;
 - a. Aneth Chapter affiliation
 - b. Registration must be current and valid; if under the age of 18 parent(s) must be registered with Aneth Chapter.
- vi. Verification of enrollment;
- vii. Letter of interest (300-word essay).

- 2) ACSFAP deadlines are as follows:**

Spring Semester.....First Friday of February @ 5:00pm

Fall Semester.....First Friday of September @ 5:00pm

- 3) Financial assistance is offered only once per student during the academic school year (either fall semester or spring semester).**

For more information contact the Aneth Chapter Administration at (435) 651-3525. Application and a checklist of required documents are also available online at aneth.navajochapters.org.



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Application

Application for the term of

Spring 20____

Fall 20____

Date:		Applicants Name: (Last) (First) (Middle Initial) (Maiden Name)			
Census No.:		Date of Birth:		Phone No.(s) Cell: _____ Message: _____	
Mailing Address:		City:		State:	
				Zip Code:	
(If mailing address changes, please contact ACSFA immediately & provide new address.)					
Email:				Gender: (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent/Guardian Name and Address.:					
High School or G.E.D. Center: (Name & Location)				H.S. Diploma or GED received: Month/ Year	
College or University You Will Attend: (Name, City, State, Zip)					
Type of Degree You Will Earn While Attending College:		Diploma or Certificate	Associates: A.A. /A.S. /A.A.S.	Bachelors: B.A. / B.S.	Masters: M.A. / M.S.
					Doctorate: Ed.D/ M.D./ PH.D./
College Classification: (Check One) <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate/Post-Graduate					
Undergraduate/Graduate: (REQUIRED INFORMATION) Major:				Anticipated Date of Graduation: Month/Year	
Graduates ONLY: (REQUIRED INFORMATION) Program or Department Accepted Into:				Anticipated Date of Graduation: Month/Year	
Have You Received ACSFAP Fin. Asst. Before? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, When and What Institution:		
My Enrollment Status will be: (Please Check One)					
<input type="checkbox"/> Undergraduate Full-Time 12 Credit Hours or more		<input type="checkbox"/> Vocational Full-Time 12 Credit Hours or more		<input type="checkbox"/> Graduate/Post Graduate Full-Time 9 Credit Hours or more	
<input type="checkbox"/> Undergraduate Part-Time 3 to 11 Credit Hours		<input type="checkbox"/> Vocational Part-Time 3 to 11 Credit Hours		<input type="checkbox"/> Graduate/Post Graduate Part-Time 3 to 8 Credit Hours	

PLEASE PRINT LEGIBLY AND COMPLETE APPROPRIATE INFORMATION

Send Documents to Aneth Chapter Office: Aneth Chapter P.O. Box 430 Montezuma Creek, Utah 84534

ACSFAP/ Student Contract

This contract is made and entered effective on the date mentioned by signatory between the ACSFAP and STUDENT (hereafter called "APPLICANT"). The parties hereto agree to the following;

All APPLICANTS shall adhere to the following deadlines:

Spring Semester	1st Friday of February Before 5 p.m.	Application, Voters Registration, CIB, Class Schedule, Official Transcripts, Letter of Interest, and Verification of Enrollment.
Fall Semester	1st Friday of September Before 5 p.m.	Application, Voters Registration, CIB, Class Schedule, Official Transcripts, Letter of Interest, and Verification of Enrollment.

The APPLICANT shall:

1. Abide by and comply with the specific policies, procedures, and eligibility requirements of ACSFAP. Furthermore, APPLICANT shall be responsible for understanding his/her rights and responsibilities regarding financial assistance including the responsibility to be informed of policies herein.
2. Sign the application for financial assistance and comply with the stated term, conditions, and standards to receive financial assistance.
3. Release their official academic transcript information indicating the most recent academic term grades, graduation date, academic major and type of degree being pursued.
4. Immediately report any change in name, address, enrollment, withdrawal, registration status, and transfer status to the ACSFAP.
5. Notify the ACSFAP of his/her graduation date and certificate of degree to be conferred.
6. The APPLICANT shall consider other available grants and/or scholarship, such as federal, state, institution aid, and private sources, separate from ACSFAP.
7. Comply with the academic standards outlined in Article 8 and all requirements stated in the policy therein, prior to receiving continued funding.

The ACSFAP shall:

1. Place the APPLICANT on probation and issue a probationary award based pursuant to Article 9.
2. Disqualify any student from receiving ACSFAP financial assistance pursuant to Article 10.
3. Determine an APPLICANT ineligible and deny financial assistance pursuant to Article 11.
4. Keep all information provided to ACSFAP by the applicant confidential unless otherwise authorized in writing by the applicant what information and to whom is to be released.
5. Strictly comply with any and all requirements and authority authorized pursuant to the Aneth Chapter Student Financial Assistance Program Policies & Procedures.

ACSFAP Policies and Procedures

If and when this application is approved, I _____ shall accept and abide by the conditions stipulated in the terms above and will be bound by the responsibilities and consequences thereof and give permission to the ACSFAP to receive my transcripts and personal information.

Student Signature

Date

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STUDENT'S CONSENT TO ACCESS/RECEIVE INFORMATION

For the Student's information:

It is the policy of the Aneth Chapter that all files and information pertaining to an applicant's file be kept confidential by the Aneth Chapter Student Financial Assistance Program (ACSFAP). In order for ACSFAP to disclose any information regarding an applicant and applicant's application status, the applicant must submit a signed disclosure statement to the Aneth Chapter, specifying the individuals and/or entities to receive the information from the Aneth Chapter in relation to the student's ACSFAP application.

CONSENT

I, _____, hereby authorize the following individual(s) to have access to my application file and to inquire on the status of the application:

- 1. Name: _____ Census #: _____
Relation: _____ Full Access Limited Access
- 2. Name: _____ Census #: _____
Relation: _____ Full Access Limited Access

I understand this action is voluntary and I reserve the right to revoke this authorization in writing. Further, I hereby release all persons and organizations from Liability for providing referent information to the individual(s) mentioned above.

Signature: _____ Date: _____

Address: _____

For limited access authorization, please indicate information you wish to remain confidential by ACSFAP.