



# WHITE CONE CHAPTER

28 N. HWY 77 PMB 5120  
HOLBROOK, AZ 86025  
Telephone: (928) 654-3900  
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- FALL SESSION
- SPRING SESSION
- SUMMER SESSION

## WHITE CONE CHAPTER STUDENT FINANCIAL / ENRICHMENT ASSISTANCE

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FULL TIME  
PART TIME

Please have the following documents attached prior to submission:

- Scholarship Application
- Current Letter of Admission **or** Class Schedule for Current Semester
- Voter Registration (Must be registered with White Cone Chapter **6 months** prior to applying)
- Official College Transcript for continuing student **or** if prior assistance was given
- High School Diploma (recent graduate)
- Letter of Interest (reason for Financial Request) more than 1/2 a page

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### FOR OFFICE USE ONLY

DOCUMENTS VERIFIED/SCREENED BY: \_\_\_\_\_

If completed, the application and documentations will be presented to the Chapter Manager for approval.

APPROVED  
DENIED

Reason :

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Chapter Manager Signature

PERSONAL DATA

LEGAL NAME: \_\_\_\_\_ CENSUS#: \_\_\_\_\_ SS#: \_\_\_\_\_
MAILING ADDRESS: \_\_\_\_\_ PHONE#: ( ) \_\_\_\_\_
PHONE#: ( ) \_\_\_\_\_
DOB: \_\_\_\_\_ EMAIL: \_\_\_\_\_
GENDER: MALE MARITAL STATUS: \_\_\_\_\_
FEMALE SPOUSE'S NAME: \_\_\_\_\_
# OF CHILDREN: \_\_\_\_\_ ARE YOU A VETERAN? YES
NO

MOTHER'S MAIDEN NAME: \_\_\_\_\_ TRIBE: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ REGISTERED VOTER: YES / NO

FATHER'S MAIDEN NAME: \_\_\_\_\_ TRIBE: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ REGISTERED VOTER: YES / NO

Are you a registered member of White Cone Chapter? YES / NO

NOTE: If under the age of 18, Parent's Voter Registration is required; must be registered with White Cone Chapter 6 months prior to applying.

EDUCATIONAL DATA

HIGH SCHOOL: Name /City/State \_\_\_\_\_ MONTH & YEAR OF GRADUATION OR GED CERTIFICATE: \_\_\_\_\_

COLLEGE/UNIVERSITY LAST ATTENDED: \_\_\_\_\_ MONTH & YEAR: \_\_\_\_\_

COLLEGE/UNIVERSITY YOU PLAN TO ATTEND: \_\_\_\_\_ COLLEGE CLASSIFICATION:
MAJOR: \_\_\_\_\_ FRESHMAN
TYPE OF DEGREE SEEKING: \_\_\_\_\_ SOPHOMORE
FULL-TIME JUNIOR
PART-TIME SENIOR

HAVE YOU RECEIVED CHAPTER FINANCIAL ASSISTANCE BEFORE? YES / NO

If yes, when? \_\_\_\_\_ Institution: \_\_\_\_\_

I VERIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

Applicant's Signature

Date