



## TOLIKAN CHAPTER STUDENT FINANCIAL ASSISTANCE APPLICATION

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

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Census #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Sex: Male / Female Martial Status: Married / Divorced / Single / Separated

Spouse's Name: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Are you a Veteran? YES / NO Military Branch: \_\_\_\_\_

Are you Register to Vote with Tolikan Chapter? YES / NO

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

### EDUCATION DATA

High School: \_\_\_\_\_ Date/Year Graduated: \_\_\_\_\_

Have You Received Financial Assistance Before? YES / NO If yes, When? \_\_\_\_\_

College or University You Plan To Attend: \_\_\_\_\_

Admission Letter: YES / NO Type of Degree: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Term (s) Applying for: Fall Semester \_\_\_\_ PT / FT Spring Semester \_\_\_\_ PT / FT

Summer Session \_\_\_\_ PT / FT

College Classification: Freshman ( ) Sophomore ( ) Junior ( ) Senior ( )

Graduate ( ) Post-Graduate ( ) Other ( ) \_\_\_\_\_

If Scholarship Award (check one) ( ) Pick Up at Administration ( ) Please Mail to above Address

***I CERTIFY THAT THE INFORMATION PROVIDED BY ME IS CORRECT AND TO THE BEST OF MY KNOWLEDGE.***

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

Concurred by: \_\_\_\_\_

Tolikan Administration: CM / AA  
PO Box 105 Teec Nos Pos, AZ 86514