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NAVAJO TECHNICAL UNIVERSITY

E S T A B L I S H E D 1 9 7 9

PNM Scholarship Application**Semester Applying:** _____ Fall 2024 _____ Spring 2025Name: _____
Last First Middle

Mailing Address: _____

Major: _____

Student ID#: _____ Phone: () _____

NTU Student Email: _____@student.navajotech.edu

Navajo Chapter: _____ Census #: _____

Campus Site (circle one): Crownpoint Chinle Teec Nos Pos Kirtland**STATEMENT OF ACCURACY & AUTHORIZATION - PLEASE READ THOROUGHLY**

I hereby affirm that all the above stated information provided is true and correct to the best of my knowledge. I understand that misinformation or failure to meet the requirements will disqualify me from receiving any of the scholarships.

I also consent that my picture or video may be taken and used for any purpose deemed necessary to promote the scholarships I applied for and/or received.

Privacy Notice: The Family Education Rights and Privacy Acts (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal mandate that protects the privacy of my education records.

I authorize PNM, the Navajo Nation, NTU representatives and NTU scholarship committees to disclose my academic information to determine my eligibility and use for data reports. I understand that my records are protected under the FERPA Confidentiality Regulations. As a continuing scholar, I agree that this consent will continue until I formally exit the scholarship program or NTU.

I also agree to provide a letter of appreciation, statement of commitment and a report of my success at the end of the semester for any of the scholarships I am funded for.

Signature of Scholarship Applicant: _____ **Date:** _____

CHECKLIST - APPLICATION DOCUMENTATION PACKET

Applicant must submit the following items:

1. Completed and signed application form
2. Copy of your Navajo Nation Voter Registration (Verification)
3. Copy of Certificate of Indian Blood (CIB)
4. Copy of your Updated Certificate or Degree Plan (Checklist) with signatures
5. First Year Students Only: Unofficial High School Transcripts OR Transcripts from previous

FOR OFFICE USE ONLY:

Reviewed By: _____

Approved ☐ Amount: \$ _____

Denied ☐ Reason: _____

Program Coordinator: _____

Comments: