



Many Farms Chapter
P.O. Box #185
Many Farms, AZ 86538
Phone: (928) 781-3607/3610
Fax: (928) 781-3608
E-mail: manyfarms@navajochapters.org

Please Indicate:	
Semester:	
<input type="checkbox"/> Fall	20 _____
<input type="checkbox"/> Spring	20 _____
<input type="checkbox"/> Full Time	
<input type="checkbox"/> Part Time	
<input type="checkbox"/> Vocational Training	

Many Farms Chapter Educational Assistance Application

____/____/____
Date

PERSONAL INFORMATION

Census:	Name (Last, First, Middle Initial)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Mailing Address: City/State/Zip		Telephone No:
Are you a Register Voter? Yes <input type="checkbox"/> No <input type="checkbox"/>	Chapter Affiliation:	Date of Birth:
Mother's Name:	Address: City/State/Zip	Telephone No:
Father's Name	Address: City/State/Zip	Telephone No:

EDUCATIONAL INFORMATION

High School: (Name, City, State)	Month & Year of Graduation:	
College Classification Freshman: <input type="checkbox"/> Sophomore: <input type="checkbox"/> Junior: <input type="checkbox"/> Senior: <input type="checkbox"/> Graduate: <input type="checkbox"/> Post Graduate: <input type="checkbox"/>		
College or University you plan to attend (Name, City, State)	Major:	Type of Degree you are seeking?
Letter of Acceptance? (Official) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of College Last Attended?	Year	Have you received Educational Assistance Before? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, When	Name of School:	

I certify that the information provided is correct and true to the best of my knowledge.

Signature

Date