

# MANY FARMS CHAPTER GOVERNMENT

P.O. BOX 185

MANY FARMS, ARIZONA 86538

PHONE: (928) 781-3605 FAX: (928) 781-3608

Email: manyfarms@navajochapters.org

Crystalyne Curley, 25<sup>th</sup> Navajo Nation Council Delegate



Charlotte J. Begaye, President  
Jacqueline Begaye, Vice President  
Helena Shepherd, Secretary/Treasurer

Francine Harrison, CSC  
Lewanda A. Ben, AMS  
Elbert Jumbo, Grazing Representative

## The Many Farms Chapter Educational Assistance

The Many Farms Chapter is currently accepting applications for Educational Assistance. This program is available to students who are enrolled full-time, part-time, or in a vocational training institution.

For more information and to apply, please get in touch with our office.

### REQUIRED DOCUMENTS

- ☐ Many Farms Chapter Educational Assistance Application
- ☐ Acceptance Letter
- ☐ Class Schedule
- ☐ Transcript (if previously attended)
- ☐ Must be a Many Farms Chapter registered voter for 6 months or more  
\*\*If under the age of 18, parent or legal guardian must be a registered voter with the Chapter
- ☐ High School transcript for 1<sup>st</sup> time applicants

Applicants are encouraged to attend the Chapter Planning Meeting and the Regular Chapter Meeting. All applications will be screened for their entirety and will be based on the following criteria:

- ☐ 1<sup>st</sup> Time Applicants
- ☐ Assisted Once
- ☐ Assisted twice or more

Application is denied for the following reason(s):

- ☐ Voter Registration
- ☐ Missing Documents
- ☐ Assisted within the Fiscal Year: \_\_\_\_\_ ☐ Fall ☐ Spring ☐ Summer
- ☐ Other(s)

**Application Accepted by:**

**Reviewed:**

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Account Maintenance Specialist Date

**Approved by:**

\_\_\_\_\_  
Community Service Coordinator Date

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## Many Farms Chapter Educational Assistance Application

Please Indicate  
Semester:

☐ Fall 20\_\_\_\_\_

☐ Spring 20\_\_\_\_\_

☐ Full Time

☐ Part Time

☐ Vocational Training

\_\_\_\_\_  
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? (6 months or more) 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

**\*\*Submit documents by: September 30, 2025 before 5:00 pm\*\***