

**SOUTHWEST NATIVE AMERICAN DISTRICT (SNAD)
APPLICATION FOR SCHOLARSHIP ASSISTANCE**

Eligibility: Scholarship assistance is for students who are in a credentialed institution in a ministerial degree seeking program. Student required to have active membership in the Church of the Nazarene on the SNAD District. Church pastor will be contacted for verification.

APPLICATION TYPE

What type of student are you? Freshman Sophomore Junior Senior Graduate/Masters

Name of School/Institution: _____

Name of City/State school located in: _____

Term Applying for: Spring Summer Fall Year 20_____

PERSONAL INFORMATION

 First Name Middle Name Last Name Suffix

 Previous Name(s) i.e Maiden or Surname

 Birth Date (MM/DD/YYYY)

 Birth Country Birth City Birth State

Biological Sex: Male Female

Select church you have active membership with from on the SNAD District (**circle one**) and list pastor's name and phone number:

- | | | | |
|---------------|---------------|---------------------|------------------------|
| Animas Valley | Kaibeto | Parker | Shonto |
| Apache Avenue | Kinlani | Pine Hill | Smoke Signal |
| Cameron | LeChee | Ramah Navajo | Somerton |
| Cedar Springs | Lehi | Ramah Sandmountain | South Tuscon Community |
| Chihootso | Leupp | Restoration Winslow | Twin Buttes |
| Chilchinbeto | Navajo Nation | Round Cedar | Twin Hills |
| Dilkon First | Nazlini | San Luis Outpost | Winterhaven Quechan |
| Forrest Lake | Needles | Sells | |
| | New Life | | |

*What is your pastor's name and phone number? _____

CONTACT INFORMATION

Mailing Address: _____
 Country Street Address Line 1

 Street Address Line 2

 City State Zip

Is your permanent address the same as your mailing address? Yes No

Permanent Address: _____
 Country Street Address Line 1

 Street Address Line 2

 City State Zip

 Home Phone Mobile Phone Email Address

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PARENT/LEGAL GUARDIAN INFORMATION:

Fill out this section if you are a minor (age 18 and under).

Parent/Legal Guardian 1

Type: Mother Father Legal Guardian

First Name Last Name

Email Address

Parent/Legal Guardian 1 Level of Education:

- | | |
|---|---|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Attending College Some |
| <input type="checkbox"/> No High School Some | <input type="checkbox"/> College Associates (2- |
| <input type="checkbox"/> High School High | <input type="checkbox"/> Year) Bachelors (4-Year) |
| <input type="checkbox"/> School Diploma GED | <input type="checkbox"/> Graduate/Professional |
| <input type="checkbox"/> Vocational/Technical | <input type="checkbox"/> Degree |

Parent/Legal Guardian 2

Type: Mother Father Legal Guardian

First Name Last Name

Email Address

Parent/Legal Guardian 2 Level of Education:

- | | |
|---|---|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Attending College Some |
| <input type="checkbox"/> No High School Some | <input type="checkbox"/> College Associates (2- |
| <input type="checkbox"/> High School High | <input type="checkbox"/> Year) Bachelors (4-Year) |
| <input type="checkbox"/> School Diploma GED | <input type="checkbox"/> Graduate/Professional |
| <input type="checkbox"/> Vocational/Technical | <input type="checkbox"/> Degree |

ACADEMICS

Are you, or will you be, a high school graduate, or a U.S. GED/HiSet recipient?

High School Graduate GED/HiSET Recipient

High School Name

High School City and State

Graduation/GED/HiSET Date (MM/DD/YYYY)

Are you currently attending this school? Yes No

EDUCATION BACKGROUND

Have you previously taken courses at any college campus? Yes No Dates attended: _____

Have you ever been suspended from any college or university? Yes No

If you have ever been suspended from any college or university, please list the name of the institution and dates of suspension:

Name of Institution Suspension Start Date Suspension End Date

Was this suspension academic or disciplinary? Academic Disciplinary

ACADEMIC INTEREST

Write down what your major and/or minor concentration(s) you are pursuing according to your institution's list of degrees.

COLLEGE/UNIVERSITY EDUCATION BACKGROUND

Have you, or are you, attending a college/university? Yes No

What is your current GPA? _____

Below, list all institutions at the college level, that you have ever attended (or currently attend).

College/University Name	Degree Earned	Credit Hours Earned	From Month Year	To Month Year
<i>Example: Your College/University Name</i>	<i>Bachelor's</i>	<i>125</i>	<i>8/2017</i>	<i>5/2021</i>

COURSES IN PROGRESS

For all courses in progress, please enter the institution, courses, and credits or duration that you are now taking and/or plan to take.

Name of College/University/High School	Title & Course Number	Credits
<i>Example: Your College/University Name</i>	<i>Operations Management 300</i>	<i>3</i>

Mail/Email the completed and signed application to:

Rev. Michael Andrews, 4014 W. Woodridge Dr., Glendale, AZ 85308, or email: mikeandeileenandrews@gmail.com.

SIGNATURE

I certify that all information given in this application is complete and accurate to the best of my knowledge. If I am accepted as a scholarship recipient from the Southwest Native American District (SNAD), I agree to conform and abide by the letter and spirit of all rules, regulations, and procedures of the SNAD District Advisory Board. Misrepresentation in any statement by the applicant or failure to abide by academic regulations will be considered adequate grounds for denying my scholarship request.

Signature

Date

*If you have special needs and require an auxiliary aid or service, or this publication in alternative formats, please contact Rev. Michael Andrews.

APPLICATION & DEADLINES

Applications for admission are reviewed on a rolling basis. Scholarship decisions are issued by mail or email after application is complete. Students are advised to apply early in the event of the need for additional information or supporting documentation.

Please contact Rev. Michael Andrews via cell: 602-703-6228 for information related to application deadlines and priority dates.

FOR OFFICE USE ONLY

Was student approved? Yes No

Amount

Check Number

Receipt Number

Initials