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| huerfano chapter houseP.O. Box 968 Bloomfield, New Mexico 87413Phone: 505.960.1400Fax: 505.960.3044Email: huerfano@navajochapters.org |  Term(s) Applying For: 20\_\_\_ Fall Semester20\_\_\_ Spring Semester |

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| Applicant Information |
| Last Name |  | First |  | M.I. | Date |  |
| Mailing Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Sex | ( ) Male ( ) Female | Social Security No. |  | Census Number |  |
| Marital Status |  | No. of Children |  | Spouses Name |  |
| Are you a Veteran? | YES [ ]  | NO [ ]  |
| Are you a registered member of Huerfano Chapter? | YES [ ]  | NO [ ]  |
| If under the age of 18, Verification of Voter’s  |
| Mother’s Name: | Address: (City, State, Zip) | Tribe: |
| Father’s Name: | Address: (City, State, Zip) | Tribe: |
|  |
| Education |
| High School |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| College |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| Other |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
|  |
|  |
| Disclaimer and Signature |
| I certify that my answers are true and complete to the best of my knowledge. |
| Signature |  | Date |  |