



K'ai'Bii'To Chapter Student Financial Assistance Program Application

DATE: _____

Terms Applying for:

20____ Fall Due date Nov 30	20____ Spring Due date Feb 30	20____ Summer Due date July 30
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(Please note this is a one time assistance, per school year and based on availability of funds.)

A. Student Information

NAME:		Social Security No.:	Census No.:
Current Mailing Address:			Telephone No.:
Permanent Home Address:			Message No.:
Email Address:		Are you a Veteran? yes no (circle one)	
Date of Birth:	Gender: Male Female (circle one)	Marital Status:	
Chapter Affiliation:	Registered Voter:		
Parent's Name and Address:			

B. School Information

High School: (Name and Address)		Graduation Date: (Month/Year)
College Classification: (Circle one)	Freshman Sophomore Junior Senior	
School you will be attending:	Major:	
Type of School: (University, Junior College, Technical, Other)		
Type of Degree you are seeking?	Status while attending: Full Time Part Time (Circle one)	
Total Credits of term:	GPA:	
Name of last College/University attended:	Month and Year:	
Have you received Student Financial Assistance from the Chapter before? If yes, when? What institution attended:		

My signature below verifies that all of the information contained in this application is true and accurate. I agree to maintain standards of good citizenship and to obey the laws and regulations of the land and educational institution I am attending. I understand that this student assistance maybe revoked if I am unable to maintain these standards. I give permission to K'ai'Bii'To Chapter to receive my transcripts and financial information.

Student Signature

Date