NAGEEZI CHAPTER
EASTERN NAVAJO AGENCY
DISTRICT 19

Policy Number: NAG - 03	Policy Name: Student Educational Financial Assistance (SEFA) **Policy & Procedures**	
Fund Code: 13&14-6721	Policy Revision Date: 3/13/2009, 4/10, 5/10, 2/6/13, 01/08/20	Page 1 of 2
Policy Approval Date: 4/5/09, 5/7/10, 8/10, 5/10, 3/16, 02/02/20 (Resolution NC-20-038)		

I. PURPOSE:

Student Educational Financial Assistance ("SEFA") is to provide financial assistance to eligible Navajo students from Nageezi Chapter by supplementing cost associated with educational expenses while attending an accredited college, university, or vocational school. The intent is to support and motivate our students to pursue their higher education goals. The objective is for the students to return to the community upon graduation to assist and apply their higher education to benefit the continuing development and progress of the Nageezi Chapter and community.

II. ELIGIBILITY:

A. Pursue a Vocational Certificate, Associate Degree, Bachelor Degree, Master Degree, or Doctorate Degree.

B. Be a registered voter of Nageezi Chapter for a minimum of six (6) months. If the applicant is 17 years old or younger; one of the parents or guardians must be a registered voter of Nageezi Chapter. And if one of the parents or guardians is a registered voter at another chapter, the chapter administration shall verify if the student has applied for SEFA at that chapter.

C. Application and the following documents must be submitted to Chapter Administration prior to a Chapter Planning Meeting:

1. Copy of a recent transcript,
2. Letter of Admission or Verification of Enrollment from College, University, or Vocational School,
3. Copy of a class schedule for the semester the student is applying for SEFA,
4. Copies of Social Security Card & Certificate of Indian Blood, if you have not applied for SEFA,
5. If over 18 years old, a copy of verification that he or she is a registered voter of Nageezi Chapter (e.g., Navajo Nation Voters Registration Receipt or a letter from the Navajo Nation Election Office), and
6. W-9

Application and documents can be hand carried, mailed, faxed, or emailed

III. PROGRAM GUIDELINES:

Chapter Administration shall administer the disbursement of Student Educational Financial Assistance Funds based of availability of funds and pursuant to the following program guidelines:

1. SEFA applications will only be accepted for Fall and Spring Semesters. Application must be submitted for each semester.

2. GPA must be at least 2.0

3. Classification of Awards:
   a) **$150.00** for GED
   b) **$300.00/semester** for Part-Time Undergraduate or Vocational Student (9 or less credit hours)
   c) **$500.00/semester** for Full-Time Undergraduate or Vocational Student
   d) **$500.00/semester** for Part-Time Graduate Student (6 or less credit hours)
   e) **$800.00/semester** for Full-Time Graduate Student or PhD candidate

4. Deadlines for submission of SEFA applications:
   Fall Semester – **August 31st**
   Spring Semester – **December 31st**

5. Applicant must be present at the Regular Chapter meeting when his or her application goes before the Chapter Membership

6. Proxy will be allowed if the student is unable to attend the Regular Chapter Meeting due to current enrollment status or employment

7. SEFA recipients may be requested of volunteer services to help with various chapter events or projects.

IV. DISQUALIFICATION:

Nageezi Chapter administration shall determine an applicant ineligible for any of the following reason:

1. Failed to comply with the general requirements or specific program guidelines.

2. SEFA recipient withdrawing from course(s) without proper reason. (Ineligible for two (2) consecutive semesters)

3. SEFA recipient uses the financial assistance other than educational purpose such as purchase of vehicles or household items. (Ineligible for two (2) consecutive semesters)

4. SEFA recipient receives another SEFA from another chapter for the same semester. (Ineligible for two (2) consecutive semesters)

V. PRIVACY ACT STATEMENT:

Nageezi Chapter recognizes that it collects and maintains confidential information relating to its chapter membership, and is dedicated to ensuring the privacy and proper handling of this information (*specifically social security number, birth date, Certificate of Indian Blood, and DD-214*). This requirement is in compliance with the Privacy Act of 1974 (Public Law 93-579) to protect personal information on an individual citizen.

VI. AMENDMENTS:

SEFA Policy and Procedures may be amended as deemed necessary by Chapter Administration and Chapter Officials. Final approval by Nageezi Chapter Membership at a duly called Regular Chapter Meeting.

NAGEEZI CHAPTER'S APPLICATION
FOR
STUDENT EDUCATIONAL FINANCIAL ASSISTANCE

☐ Full Time ☐ Part-Time

TERM(s) APPLYING FOR:

20____Fall Semester (Due by August 31) 20_____Spring Semester (Due by December 31)

Date:	Applicant Name: (Last) (First) (MI) (Maiden Name)			
SSN:	Census No.:	Date of Birth:	Martial Status:	Gender: ☐ Male ☐ Female
Are your registered voter of Nageezi Chapter? (18 yrs. & Older) ☐ Yes ☐ No ☐ NA	Is/Are your parent(s) registered voter(s) of Nageezi Chapter? (17yrs. & under) Father: ☐ Yes ☐ No ☐ NA If no, what Chapter?_____ Mother: ☐ Yes ☐ No ☐ NA If no, what Chapter?_____			
Mailing Address: (PO Box or Street Name & House No.)			Phone No. (s) Home: Mobile:	
City: State: Zip Code:			E-Mail Address:	
High School or G.E.D. Center: (Name & Location)			H.S. Diploma or G.E.D Received: (Month/Year)	
College or University You Will Attend: (Name, City, State, & Zip)			Type of Term (Check One) ☐ Semester ☐ Quarter ☐ Trimester	
Type of Degree you will earn while attending college: (Check One)	☐ Diploma or Certificate ☐ Associate ☐ Bachelor ☐ Master ☐ Doctorate			
College Classification: (Check One)	☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate ☐ Post-Graduate			
Undergraduate/Graduate Major:			Anticipated Date of Graduation: Month / Year	
Have you received Student Educational Financial Assistance from Nageezi Chapter before? (Check One) ☐ Yes ☐ No				

If and when this Financial Assistance application is approved, I request the check to be: (Check One)
☐ Picked up by myself ☐ Mailed ☐ Picked up by person other than myself: (Name)_____

Receiving Student Educational Financial Assistance from Nageezi Chapter, I will do volunteer services to help with various chapter events or projects.

The information I provided on this application is true, complete, and correct. I have read and fully understand Nageezi Chapter's Student Educational Financial Assistance Program Policy and Procedures, in which I will abide by all Nageezi Chapter's Student Education Financial Assistance Program Policy and Procedures. I give permission to Nageezi Chapter Administration to receive my transcript and other information pertaining to my enrollment.

Student's Signature: _____ Date:_____

Please Submit Following Documents with Application

1. Copy of a recent transcript,
2. Letter of Admission or Verification of Enrollment from College, University, or Vocational School,
3. Copy of a class schedule for the semester the student is applying for SEFA
4. Copies of Social Security Card & Certificate of Indian Blood, if you have not applied for SEFA,
5. If over 18 years old, a copy of verification that he or she is a registered voter of Nageezi Chapter (e.g., Navajo Nation Voters Registration Receipt or a letter from the Navajo Nation Election Office, and
6. W-9

Application and documents can be hand carried, mailed, emailed or faxed.

PO BOX 100 Nageezi, NM 87037 EMAIL: nageezi@navajochapters.org PHONE #: 505-960-7200 FAX #: 505-960-7201

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** | **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they