Continuing Education Tuition Assistance

Student Name:_____

Nazlini Chapter Administration Staff will **NOT** accept any incomplete applications. Completed applications shall be under consideration for twenty (20) working days.
NO EXCEPTIONS.

STAMP RECEIVE HERE

The following items
MUST BE CURRENT:
(Please check mark and initial)

_____( ) Cont. Ed. Fin. Asst. Application

_____( ) Proof of Navajo Nation Voters Registration With Nazlini Chapter

_____( ) Copy of Social Security

_____( ) Letter of Admission

_____( ) Class Schedule

_____( ) W-9 Completed

_____( ) I have received and read a copy of the policies and procedures and understand that I am responsible for all that is applicable.

Signature: _____

FY2027

FOR OFFICE USE ONLY

I verify that all documents needed for this request have been received and will be forwarded for consideration.

_____
Administrative Assistant

P.O Box# 7387 • NAZLINI, ARIZONA 86540-7387 • PHONE (928) 755-5900 • FAX (928) 755-5903 • EMAIL: nazlini@navajochapters.org

Continuing Education Tuition Assistance
FY-2027-Application

Date:

Term(s) Applying for:
20___ Fall Semester
20___ Spring Semester
20___ Summer Semester

EVERY ACADEMIC YEAR, A NEW APPLICATION SHOULD BE SUBMITTED THAT INCLUDES ALL REQUESTED CHAPTER TUITION ASSISTANCE DOCUMENTS AS WELL AS PERSONAL AND FAMILY DATA INFORMATION

Legal Name: (Last, First, Middle Initial)	SSN:	Census #:
Current Mailing Address: City/State/Zip:	Telephone No:	
Physical Address: City/State/Zip:	Contact Telephone No:	Date of Birth:
Are you a Registered Voter of Nazlini Chapter? ☐ Yes. ☐ No	Chapter Affiliation: Nazlini Chapter	
Mother's Name:	Address: City/State/Zip:	Tribe:
Father's Name:	Address: City/State/Zip:	Tribe:

EDUCATIONAL DATA

High School: (Name/City/State)	Month & Year of Graduation or GED Certificate:	
College Classification: ☐Freshman ☐Sophomore ☐ Junior ☐ Senior ☐ Graduate ☐Post-Graduate ☐		
College or University Attending:	Major:	Type of Degree you are Seeking:
Name of College Previously Attended:	Month & Year:	
Have you Received Nazlini Chapter Educational Tuition Assistance Before? ☐ Yes ☐ No	If yes, When?	Institution:

I certify that the information provided is correct to the best of my knowledge.

Student Signature _____ Date _____

**********FOR OFFICE USE ONLY**********

Date	Check No.	Awarded	Fall	Summer	Spring	School	Initial

Administrative Signature _____ Date _____ Title _____

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Continuing Education Tuition Assistance Policies and Procedures

I. ESTABLISHMENT:

The Nazlini Chapter Continuing Education Tuition Assistance Policies and Procedures are to provide guidance and to regulate the implementation and expenditure of the Student Educational Tuition Assistance appropriated by the budget.

II. PURPOSE:

The Purpose of the Continuing Education Financial Assistance is to aid eligible voting members of the Nazlini Chapter with funds to pay for tuition to attend accredited college, university, and vocational/technical training institution.

III. INTERNAL CONTROL POLICIES:

Funds shall be processed internally within the Nazlini Chapter Administration.

IV. ELIGIBILITY CRITERIA:

A. Applicant must be an active registered voter of Nazlini Chapter for a minimum of six (6) months prior to applying and must provide proof of Navajo Nation voter registration with Nazlini Chapter. If applicant is under the age of eighteen (18), one (1) parent must be a registered voter of Nazlini Chapter.

B. Applicant must be enrolled as part-time, full-time or graduate student at an accredited college, university, or technical/vocational institute.

V. DOCUMENT REQUIREMENTS:

A. A completed current fiscal year "Continuing Education Tuition Assistance Application Form."

B. Copy of Navajo Nation Voter Registration Card.

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C. Copy of Letter of Admission to college, university, or technical/vocational institution for the semester applied.

D. Copy of the current class schedule that shows how many credits are being taken for the semester you are applying for.

E. Copy of Social Security Card and completed IRS Form W-9.

VI. POLICIES:

A. The award of Tuition Assistance for Continuing Education cannot exceed the following caps per **ACADEMIC YEAR**. Our aid program operates on a $500 flat charge; there are no variable costs based on the needs of specific students.

B. All checks shall be made payable directly to the institution.

C. An applicant may only receive Continuing Education Tuition Assistance funding once every academic year; depending on funding availability.

D. Any retuned checks from the educational institution shall not be re-issued.

VII. PROCEDURES:

A. Applicant shall complete a **"Continuing Education Tuition Assistance"** application from (Exhibit A) and submit with all required supporting documents.

B. The Administrative Assistant will review for completeness using a checklist (Exhibit "B").

C. **Incomplete** applications will not be accepted.

D. Chapter Manager will either approve or deny the application for assistance within twenty (20) working days of receipt of application.

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E. Administrative Assistant shall notify the applicant within twenty (20) working days of the decision, in writing by mailing the decision letter to address listed on the application. Information shall only be released to the applicant. The applicant may inquire by phone or in person of the application status.

F. The Administrative Assistant shall prepare a check payable to the educational institution and follow the check disbursement section of the Fiscal Policies and Procedures.

VIII. AMENDMENTS:

The Continuing Education Financial Assistance Policies and Procedures may be amended as deemed necessary by the Chapter Officials, Chapter Employees and Chapter Membership at a duly called Chapter Meeting by a majority vote of the Chapter Membership.

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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) _____

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 . . . . . ☐

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.)

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