



**Rock Point Chapter**  
**P.O. Box 190**  
**Rock Point, AZ 86545**  
**Phone # (928) 659-4350/ 4351**  
**Fax # 928.659.4356**



**Rock Point Chapter Scholarship Financial Assistance**

**1. Personal Information : Please Print Clearly & Answer ALL Questions**

|                  |                                    |        |                     |                        |
|------------------|------------------------------------|--------|---------------------|------------------------|
| _____            | _____                              | _____  | _____               | _____                  |
| First Name       | Last Name                          | MI     | Social Security NO. | Census NO.             |
| _____            | _____                              | _____  | _____               | _____                  |
| Date of Birth    | AGE                                | Gender | Marital Status      |                        |
| _____            | _____                              | _____  | _____               | _____                  |
| P.O. ADDRESS     | City                               | State  | Zip Code            |                        |
| _____            |                                    |        |                     | <b>Office Use Only</b> |
| Physical Address |                                    |        |                     |                        |
| _____            |                                    | _____  |                     |                        |
| Contact NO.      | Secondary Contact NO./ Message NO. |        |                     |                        |
| _____            |                                    |        |                     |                        |
| EMAIL ADDRESS    |                                    |        |                     |                        |

**2. Parental Information**

|               |                     |
|---------------|---------------------|
| _____         | _____               |
| Father's Name | Chapter Affiliation |
| _____         | _____               |
| Mother's Name | Chapter Affiliation |

**3. School Information**

|                       |                 |                              |
|-----------------------|-----------------|------------------------------|
| _____                 | _____           | _____                        |
| High School Graduated | Graduation Year | High School Diploma / G.E.D. |
| _____                 | _____           | _____                        |
| Institution Attending | City            | State                        |
| _____                 | _____           | _____                        |
| Term Applying For     | Credit Hours    | Intended Major               |
| _____                 | _____           | _____                        |
|                       |                 | Cum. G.P.A.                  |
|                       |                 | _____                        |

Enrollment Status:

Part-Time Student (3-9 Credits)  
 Full Time Student (12 or More Credits)

College Classification:

\_\_\_ Freshmen    \_\_\_ Sophmore    \_\_\_ Junior  
 \_\_\_ Senior    \_\_\_ Graduate    \_\_\_ Post Graduate

Degree you will Earn:

Associates Degree (A.A. / A.S. / A.A.S.)  
 Bachelors Degree (B.A. / B.S.)  
 Masters Degree (M.A. / M.S.)  
 Doctorate Degree (Ed. D./ M.D. / Ph D./ J.D.)

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**Please Answer The Following Questions:**

Have You Received Scholarship Assistance from Rock Point Chapter?  Yes  No  
If Yes, When? \_\_\_\_\_

Are You A Registered Voter of Rock Point Chapter?  Yes  No

Are You A Veteran of the Armed Forces?  Yes  No

**ALL DOCUMENTS HAVE TO BE ATTACHED BEFORE SUBMITTING**

I, \_\_\_\_\_, understand and read the Plan of Operation. Failure to comply with the Plan of Operation will result in repaying the Chapter Scholarship Funds if awarded.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Today's Date

Reminder that we only assist you once, not every semester. You can apply again the next following year. All paper work are filed away each fiscal year. So please send in all documents, we will not reuse previous documents. ALL Paperwork must be Resubmitted.

**If & When Application is Approved, The Rock Point Chapter Will Contact You By Phone Listed Above & You will need to sign the check or if you are unable to pick up your check, please have a statement written & signed by you stating who is picking up your check. We will not give out any checks unless a statement has been written & signed by the applicant. NO EXCEPTION Checks are only Processed on Thursdays, plus chapter officials need to sign off on checks, the lastest will be Friday afternoon.**

**Deadline for Chapter Scholarship Application**

SRING SESSION 2020: Feb. 5, 2020

SUMMER SESSION 2020: June 3, 2020

FALL SESSION 2019: Sept. 4, 2019