

## Student Financial Assistance Request Form

Date \_\_\_\_\_ Banner ID: \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

In what tribe are you enrolled? \_\_\_\_\_ Other tribes in which you claim heritage \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

### EDUCATIONAL BACKGROUND - UNM HSC

Enrolled Degree Program \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

What level or year are you in your program? \_\_\_\_\_

### FINANCIAL ASSISTANCE REQUEST INFORMATION

Purpose: ☐ Conference/Workshop ☐ Traditional Healing/Wellness ☐ Aids/Instruments ☐ Testing Fees or Prep ☐ Other

Type of Payment: ☐ Direct Payment (to vendor(s)) ☐ Reimbursement

Have you received CNAH Financial Support? ☐ Yes ☐ No If yes, when? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

1) Briefly summarize your request and (2) explain how this assistance will support you as a student and/or in your profession. (Attach separate sheet if necessary).

### CONTRIBUTION TO CNAH ACTIVITIES

- I certify that I have read and complied with the CNAH guidelines.
- I certify that the information provided on this request is correct and complete to the best of my knowledge.
- I understand that approval of this request and the award value is dependent on the quality of my application and the availability of funds.
- I understand that it is my responsibility to ensure that all supporting documentation (i.e. conference agenda, reservation confirmation emails, etc.) is received by CNAH **at least 10 business days** before the event or expected delivery date.
- Should I receive an award, I agree to reciprocate my award through service hours in CNAH activities (i.e. high school recruitment, mentorship, speaker, etc.) and an email to the CNAH director about the outcome of the award.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### CNAH STAFF USE ONLY

☐ Approved Amount approved: \_\_\_\_\_ ☐ Denied Reason for denial: \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Index to be charged: \_\_\_\_\_ Program Manager's initials \_\_\_\_\_ Hours Assigned: \_\_\_\_\_ Program Coordinator's initials \_\_\_\_\_

