



**Navajo Education Incentive (NEI) Application
Navajo Family Assistance Services**

Name:	SSN:	CIF#:	Date:
Mailing Address:	City:	State:	Zip:
Phone:	E-mail:		

Child's Name:	CIF#:	DOB:	SSN:	CIB:
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

ACKNOWLEDGEMENT	
Initial	I understand that the Navajo Education Incentive is to be used only for purchasing School Clothing and School Supplies for the child(ren) listed above.
Initial	By submitting the application and receiving assistance, the Applicant self attests that the NEI funding will be used for the purposes outlined with this Guideline and that the information submitted is true and accurate.

SIGNATURES	
Parent/Guardian:	Date:
Approved	The applicant meets the eligibility criteria to be approved.
Denied	The applicant does not meet the eligibility criteria to be approved.
Employee Name:	Date:
Position Title:	Office: