



EDUCATION DISCRETIONARY
TUITION PAYMENT PROGRAM APPLICATION
POARCH BAND OF CREEK INDIANS – ACADEMIC YEAR 2007-2008

Post - Secondary (College)

While the information requested within this application is voluntary, failure to provide necessary documentation and/or to fully complete all applicable parts may delay the processing of this application or make it impossible to process at all.

NAME: _____ Date of Birth: _____ Age: _____
PLEASE GIVE FULL NAME)

Social Security Number: _____ Tribal Roll Number _____ Sex (M/F) _____

Home Address: _____

Mailing Address: _____

E-Mail Address: _____ Home Phone: _____

Work Phone _____ Other: _____

Have you received a High School Diploma or GED Certificate: Yes _____ No _____

Indicate your current Educational Status (Check One)

Post Secondary

Freshman _____ Sophomore _____ Junior _____ Senior _____

Graduate Level _____

Name and Address of **Present** Post - Secondary School

Name and address of Post - Secondary School of **Choice**

Field of Study _____

Average cost of Yearly Tuition _____

With my signature below, I hereby certify that the information given on this application is true and correct to the best of my knowledge.

Signature of Applicant

Date

PLEASE ENCLOSE LETTER OF ACCEPTANCE FROM YOUR COLLEGE OF CHOICE

VERIFICATION OF TRIBAL MEMBERSHIP

To be completed by the applicant:

Applicant's Full Name: _____ DOB: _____

Are you a Tribal Member of the Poarch Band of Creek Indians? Yes ___ No ___ Tribal Roll No. _____

Phone contact No: _____ or _____

Father's Full Name: _____ DOB: _____

Mother's Full Name: _____ DOB: _____

With my signature, I authorize the release of this information to the Tribal Enrollment Specialist of the Poarch Band of Creek Indians, for the purpose of verification of Tribal Enrollment.

Signature of Applicant

Date

**THIS SECTION FOR OFFICE USE ONLY! TO BE COMPLETED BY THE POARCH
BAND OF CREEK INDIANS' TRIBAL ENROLLMENT SPECIALIST**

This verification document was received by the Tribal enrollment office on: _____

The applicant is (check one):

___ An enrolled Tribal member of the Poarch Band of Creek Indians

___ Not an enrolled Tribal member of the Poarch Band of Creek Indians

Applicant's Name (as it appears on Tribal roll): _____

Blood Quantum: _____ Applicant's Tribal Roll Number: _____

With my signature below, I verify that the preceding information is accurate

Tribal Enrollment Specialist Signature

Date

Acceptance of Terms

I have read the policy manual relating to the McGhee-Tullis Tuition Assistance Program. I understand that this policy outlines the regulations regarding this program, and that this policy has been enacted by the Tribal council of the Poarch Creek Indians. I understand the financial limitations of this program, and I agree to pay all costs over and above the amounts indicated in the policy document.

In the event that I withdraw from, or am expelled from school for any reason, any monies which have been paid on my behalf for future tuition must be reimbursed to the Tribe. These funds may not be used for settlement of my account.

I understand that any attempt to defraud the Poarch Band of Creek Indians will result in complete forfeiture of any funds remaining in my Tuition Program allotment, and the Tribal Council may bar me from receiving any other Tribal services they deem appropriate.

I agree to provide to the Poarch Creek Indians Education Department a copy of my grade report as soon as practicable. I further agree that I will update my application yearly, according to the established timeframes discussed within this policy. I understand that failure to submit an updated application as required will cause me to be terminated from this program.

All questions regarding these terms and policy itself should be directed to Shelia Fisher, Tuition Program Coordinator at (251) 368-9136 extension 2241 or Sandra Hiebert, Education Executive Director at extension 2020.

Program Participant/Parent or Guardian (if under 18)

Date

Witness

Date