



# McGhee-Tullis Tuition Assistance Program

## Post-Secondary (College)

Mail to: PCI, Education Department  
Attn: Shelia Fisher  
5811 Jack Springs Rd., Atmore, AL 36502  
Email: sfisher@pci-nsn.gov

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Tribal Roll Number: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

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

Indicate your current College Education Status (Check One):

Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate Level \_\_\_\_\_

Name and address of college(s) you are attending or plan to attend:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Field of Study \_\_\_\_\_

Degree Type: Certificate \_\_\_\_\_ Associate \_\_\_\_\_ Bachelor \_\_\_\_\_ Master \_\_\_\_\_ Professional \_\_\_\_\_

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\***

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Name: \_\_\_\_\_  
Name attended under if different: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I, \_\_\_\_\_, hereby give permission  
Student's Name  
to \_\_\_\_\_ to release  
School Name

any requested information concerning my attendance, status of financial accounts, grade report, transcripts, and school conduct. I understand that this information will be used to determine eligibility for the Poarch Creek Indians McGhee - Tullis Tuition Assistance Program.

- The information requested may be communicated orally or in writing.
- I understand that I may revoke this consent at any time by notifying the providing organization in writing, except to the extent that action has already been taken in reliance on it.
- I understand that information disclosed under this authorization may be disclosed again by the person or organization to which it is sent.
- A photocopy of this document shall be as valid as the original.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT** **DATE**

**SEAL**  
Notary Public  
Signed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_  
Notary  
My commission Expires: \_\_\_\_\_