



McGhee-Tullis Tuition Assistance Program

Secondary (Pre-K – High School)

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 #: _____

Indicate your current Education Status (Pre-K – 12th Grade): _____

Name and Address of **Present** Secondary School

Name and address of Secondary School of Choice

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 Parent/Guardian of Minor Child

Date

Printed Name of Parent/Guardian of Minor Child

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 PARENT/GUARDIAN _____
DATE

SEAL

Notary Public
Signed before me this _____ day of _____, _____

Notary

My commission Expires: _____