

# McGhee-Tullis Tuition Assistance Program Student Loan Repayment Checklist

Each of the following items is required for your application to be complete. Please check off each item to ensure that all necessary information is included. The Education Department is not responsible for obtaining this information; it must be supplied by the applicant. Incomplete applications will be returned unprocessed.

Name: .	Date of Birth		
	_ I have requested my official transcript from school/college reflecting my date of graduation		
	_ I have enclosed documentation showing my current, outstanding student loar balance		
	_ I have enclosed a copy of my Social Security card		
	_ I have completed the entire application (4 pages)		
	_ I have had my application and two (2) Release of Information forms notarized		
	_ I have enclosed a copy of my Tribal enrollment card		
	_ I have enclosed copies of all my original student loan paperwork		

\*\*\* Please note: Regarding the Release of Information forms, please make sure you list the name of your lending institution on one form and the school you attended on the second form.



### McGhee-Tullis Tuition Assistance Program Application

## Student Loan Repayment Option

Full Name:					
Name attended school under, if differen	t:				
Date of Birth:	Social Security Number:				
Age	Tribal Enrollment Number:				
Email address:					
Mailing address:					
Home Phone #:	Cell or Work phone #:				
	Loan Details				
Name of First School:					
Dates of Attendance:					
Original Loan Amount:					
Name of Second School:					
Original Loan Amount:					
Name of Third School					
Dates of Attendance					
Original Loan Amount					
Are your loans federal (government supported) or bank loans?  Name and Phone Number of lending institution:					
	,				
Do you have a contact person at this institution? $\square$ Yes $\square$ No					
If ves, please provide name of contact person:					

SEAL	NOTARY PUBLIC: Signed before me this day of  Notary	, 20			
		, 20			
Signature	Date				
correct to the bedefraud the Poa	and affirm that the information contained in this appliest of my knowledge. I understand that any attempt or rch Band of Creek Indians by knowingly making false result in my termination from the McGhee-Tullis Tu	n my part to statements in this			
Are you in default on this loan? Yes No  ** If yes, you must pay on this loan 12 consecutive months and reach  "rehabilitation" prior to being accepted into this program.					
Have you conso	lidated this loan with any other loan?  Yes	No			
What is the total	al amount due on this loan as of today?				
	Master PhD or other Professional De	egree			
Bachelor					

#### AUTHORIZATION FOR RELEASE OF INFORMATION

Name attended under if differ	nt:
Social Security Number:	DOB:
Address:	
Home Phone:	Work Phone:
I	, hereby give permission
Borrower	s Name
toLending	to release any requested Institution
Indians. I understand that the Creek Indians Student Loan F	
• The information red	uested may be communicated orally or in writing.
organization in writer reliance on it.  • I understand that in	nay revoke this consent at any time by notifying the providing ng, except to the extent that action has already been taken in formation disclosed under this authorization may be disclosed or organization to which it is sent.
	document shall be as valid as the original.
SIGNATURE OF BORR	DWER DATE
SEAL	Totary Public igned before me this day of,
	My commission Expires:

#### AUTHORIZATION FOR RELEASE OF INFORMATION

Name:		
	f different:	
· ·		DOB:
Address:		
Home Phone:		Work Phone:
I,		, hereby give permission
Stu	ident's Name	, neresj give perimesien
to		to release
S	chool Name	
transcripts, and school		tatus of financial accounts, grade report information will be used to determine s Tuition Assistance Program.
<ul> <li>The informat</li> </ul>	cion requested may be communic	cated orally or in writing.
organization reliance on it  I understand	in writing, except to the extent.	at any time by notifying the providing that action has already been taken in this authorization may be disclosed it is sent.
• A photocopy	of this document shall be as vali	d as the original.
SIGNATURE	OF APPLICANT	DATE
SEAL		,,
	Notary	
	My commission Expires	: