



Mail TEC to:
 4520 Montgomery Blvd. NE, Suite 1-B
 Albuquerque, New Mexico 87109
 Telephone: (505) 881-4584
 Fax: (505) 884-0427

Tribal Eligibility Certificate (TEC) 2010-2011 Academic Year

To be eligible for assistance an applicant: Must be an enrolled member of a federally recognized American Indian tribe or Alaska Native group in the United States, or provide documentation of ancestry to possession of ¼ degree Indian blood of a federally recognized tribe.

Complete this section and send to your Tribal Enrollment Office or USDI-Bureau of Indian Affairs Agency. A certificate forwarded by the applicant is NOT VALID. Copies of your Certificate of Indian Blood (CIB) or any other documents are NOT ACCEPTED as verification. **AIGC will accept a faxed Tribal Eligibility Certificate to meet the deadline, but the original must be forwarded to our office.**

SSN: _____ Name: _____

Former Name(s): _____ Date of Birth: _____ Gender: _____

Parents Name(s): _____ Place of Birth: _____

Current Mailing Address: _____
PO Box/Street Address State City Zip

"I hereby authorize my tribal office/BIA agency to release my tribal information to the American Indian Graduate Center, Inc."

Applicant's Signature: _____ Date: _____

******* To be completed by Tribal or BIA Enrollment Office *******

The above-named student is applying to the American Indian Graduate Center (AIGC), for a graduate fellowship. AIGC is requesting verification of tribal enrollment from your office. The original form must be completed and mailed directly to our office. This documentation must be received **July 9th, 2010**, and *can be faxed to meet the deadline* for the 2010-2011 AY. If faxing this form, please forward the original to our office. **AIGC reserves the right to validate all enrollments.**

Tribes: _____ Degree of Indian Blood: _____

Applicant Is:

An Enrolled Member
 Enrollment Number: _____

Is This Tribe U.S. Federally Recognized? Yes or No

or

A Descendant of An Enrolled Member

Comments: _____

Enrollment Officer's Signature: _____ Title: _____ Date: _____

Telephone: (____) _____ Ext.: _____ Email: _____

TO THE TRIBAL OR BIA OFFICE: Please sign and date this form.

Not doing so may jeopardize student(s) eligibility. Mail this form directly to AIGC at the above address. THANK YOU.

AIGC USE ONLY:	DATE RECEIVED:	APPROVED:
		<input type="checkbox"/> Valid <input type="checkbox"/> Invalid Date & Initials: _____ Date Postcard Sent: _____

Deadline: July 9th, 2010