



# Tribal Eligibility Certificate (TEC)

**DEADLINE: The TEC is due on the day the application is due.**  
**Individuals applying for multiple opportunities should submit just one TEC to AIGC.**

**Complete the top section and send to your Tribal Enrollment Office or USDOJ Bureau of Indian Affairs Agency. The Office or Agency must complete the bottom and submit the complete form to AIGC directly.** Certificates submitted by applicants will not be accepted. Copies of your Certificate of Indian Blood (CIB) or any other documents will not be accepted as tribal verification. **AIGC will accept a faxed or emailed (.pdf file) Tribal Eligibility Certificate to meet the deadline; however, the original TEC must be forwarded to our office.**

Last four of SSN: XXX-XX- Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_  
 Former Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
 Enrolled Parents Name(s): \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Current Mailing Address: \_\_\_\_\_  
PO Box/Street Address State City Zip

I plan to submit multiple Tribal Eligibility Certificates (Descendants Only)

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

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>**** To be completed by Tribal or Bureau of Indian Affairs (BIA) Enrollment Office ****</b>		
The above named student is applying to the American Indian Graduate Center (AIGC), for a scholarship/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 can be faxed or emailed (.pdf file) to meet the application deadline. If faxing or emailing the TEC form, please forward the original to our office. AIGC reserves the right to validate all enrollments.		
Name of Tribe (If an Alaska Native Group, indicate name of Village): _____	Is this Tribe is U.S. Federally Recognized <input type="checkbox"/> - or - State Recognized <input type="checkbox"/>	
Applicant is an <b>enrolled member</b> (check here) <input type="checkbox"/>	Applicant is a <b>descendant</b> of an enrolled member (check here) <input type="checkbox"/>	
Degree of Indian Blood: _____	Degree of Indian Blood: _____	
Enrollment Number: _____	Please include any and all documentation.	
Enrollment Officer’s Signature: _____		
Date: _____		
Title: _____	Telephone: _____ Ext. _____	
Email: _____	To the Tribal or BIA Office: Please sign and date this form. Mail the original form directly to the AIGC office at the above address. Thank you.	
For AIGC Use Only:		
	Date Received: _____	Approval:
		<input type="checkbox"/> Approval 1: _____ Approval 2: _____ <input type="checkbox"/> Not Approved: _____
		Date Entered Into OAS: _____

**Mail to:** AIGC | 3701 San Mateo Blvd. NE #200  
 Albuquerque, NM 87110 or  
**Fax:** (505) 884-0427 or  
**Email:** (.pdf file) to [fellowships@aigcs.org](mailto:fellowships@aigcs.org)

**DEADLINE: TEC form is due on the day that your scholarship application is due. Please refer to the list of due dates for each opportunity.**

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