

**2026 SCHOLARSHIP APPLICATION**  
**ALABAMA INDIAN AFFAIRS COMMISSION**  
***NO EMAIL OR FAXED APPLICATIONS WILL BE ACCEPTED.***

**READ CAREFULLY - Criteria for Applying:**

1. Must attach a copy of Tribal Roll Card.
2. Must be signed by Tribal Official as designated by the Tribal Chief.
3. Must be enrolled in a state or federally recognized Indian tribe for three (3) years and meet your tribe's internal qualifications. (Some tribes have additional requirements. Please contact your tribal official to make sure you know them).
4. Must live and attend school in Alabama, unless subject is not taught in Alabama or the program student is wanting to participate in has no open slots, i.e. Nursing, Medical, Veterinary, and Pharmacy (other to be evaluated by the Executive Director's office).
5. Must enclose a letter of acceptance from the school you will attend (**new students only**), or a transcript (**return students**) with name of the University or school on the transcript showing you were enrolled the last semester before this application.
6. Any applicant who receives an incomplete, failure, or is placed on academic probation or suspension may not receive an AIAC scholarship in the next calendar year.
7. If you are a member of a federally recognized tribe, you must have a letter from your tribal office stating that you have not received a tribal scholarship.
8. **If your application comes to this office and is incomplete or illegible, it will be mailed back to you and will not be receipted as received until it is complete and returned to this office.**
9. Applications must be submitted **each year**.

FULL NAME: \_\_\_\_\_  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street/P.O. Box) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

APPLICANT'S CONTACT TELEPHONE NUMBER (include area code): \_\_\_\_\_ SEX: M  F

APPLICANT'S CONTACT E-MAIL: \_\_\_\_\_

TRIBAL AFFILIATION: \_\_\_\_\_ / \_\_\_\_\_  
(Full Name of Tribe) \_\_\_\_\_ (Roll Number) \_\_\_\_\_

NAME OF SCHOOL TO WHICH YOU HAVE BEEN ACCEPTED (MUST ATTACH LETTER OF ACCEPTANCE)  
OR **UNOFFICIAL TRANSCRIPT WHICH INCLUDES NAME OF SCHOOL ON THE FORM.**

\_\_\_\_\_  
I certify that all information stated above is true and correct.

Signature of Student: \_\_\_\_\_

Social Security Number (last four digits): \_\_\_\_\_

Signature of Tribal Official: \_\_\_\_\_

**IMPORTANT: The completed application must be physically in this office no later than  
*MARCH 31, 2026 AT 4:00 PM.***

**(SEE FOLLOWING PAGE FOR LISTING OF APPROVED TRIBAL OFFICIALS)**

ALABAMA INDIAN AFFAIRS COMMISSION  
APPROVED TRIBAL OFFICIALS

**MACHIS LOWER CREEK INDIAN TRIBE**  
NANCY CARNLEY  
64 PRIVATE ROAD 1312  
ELBA, AL 36323  
PHONE: (334) 897-3207  
E-Mail: [machiscreeks@outlook.com](mailto:machiscreeks@outlook.com)

**MOWA BAND OF CHOCTAWS**  
LEBARON BYRD  
1080 RED FOX ROAD  
MOUNT VERNON AL 36560  
PHONE: (251) 829-5500  
E-Mail: [lebaronbyrd@aol.com](mailto:lebaronbyrd@aol.com)

**ECHOTA CHEROKEES**  
NANCY MASSEY  
PO BOX 479  
FALKVILLE, AL 35622  
PHONE: (205) 387-0858  
E-Mail: [L2massey@yahoo.com](mailto:L2massey@yahoo.com)

**SOUTHEASTERN MUSKOKA NATION, INC.**  
MICHELLE GILMORE  
1505 COUNTY ROAD 39  
DEATSVILLE, AL 36022  
PHONE: (334) 657-6696  
E-Mail: [administration@southeasternmuskokenation.org](mailto:administration@southeasternmuskokenation.org)

**CHEROKEE TRIBE OF NE ALABAMA**  
ROB RUSSELL  
PO BOX 263  
ARAB, AL 35016  
PHONE: (334) 313-5671  
E-Mail: [rob.russell@ctneal.org](mailto:rob.russell@ctneal.org)

**PIQUA SHAWNEE TRIBE**  
BROOKE SPIVEY  
771 SOUTH LAWRENCE STREET, STE 100  
MONTGOMERY, AL 36104  
E-Mail: [itcalal3@yahoo.com](mailto:itcalal3@yahoo.com)  
Phone: (334) 265-4105

**POARCH BAND OF CREEKS**  
EDDIE TULLIS  
188 LYNN MCGHEE DRIVE  
ATMORE, AL 36502  
PHONE: (251) 368-2685  
E-Mail: [etullis@windcreek.com](mailto:etullis@windcreek.com)

**UNITED CHEROKEE ANI-YUN-WIYA  
NATION**  
ROWLAND MATTHEWS  
115 FOSTER DRIVE  
SCOTTSBORO, AL 35769  
(256) 609-8757  
E-Mail: [sir@scottsboro.org](mailto:sir@scottsboro.org)

**CHER-O-CREEK INTRATRIBAL INDIANS**  
MARK LIVINGSTON  
13520 COLDSTREAM WAY  
ATHENS, AL 35611  
(443) 538-6359  
E-Mail: [mark.19@verizon.net](mailto:mark.19@verizon.net)

## CHECK LIST FOR SCHOLARSHIP APPLICATION REQUIREMENTS:

1. Must attach a copy of Tribal Roll Card.
2. Must be signed by Tribal Official as designated by the Tribal Chief.
3. Must be enrolled in a state or federally recognized Indian tribe for three (3) years and meet your tribe's internal qualifications. (Some tribes have additional requirements. Please contact your tribal official to make sure you know them).
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ALABAMA INDIAN AFFAIRS COMMISSION  
771 SOUTH LAWRENCE STREET, STE 106  
MONTGOMERY, AL 36104  
(334) 240-0998  
[Charles.mask@aiac.alabama.gov](mailto:Charles.mask@aiac.alabama.gov)

**GRADE RELEASE FORM**  
*To be completed by the student*

Date: \_\_\_\_\_

TO: Registrar's Office

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(EXACT Name of College/University)

By signing this Grade Release Form, I authorize you to send the Alabama Indian Affairs Commission in care of Charles Mask, Executive Director, 771 South Lawrence Street, Suite 106, Montgomery, AL 36104, a transcript of my grades at the end of each school semester/quarter in agreement with the terms of my scholarship from the Alabama Indian Affairs Commission.

I understand that **NO CHANGES** regarding AIAC Scholarships will be made without **prior** consent of the Alabama Indian Affairs Commission. **Any change in schools after the application has been approved may result in loss of my scholarship award.**

I understand that **ALL** scholarship funds will be sent directly to the school.

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Signature of Student

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Printed Name of Student

Last Four of Social Security Number: \_\_\_\_\_

Student ID number if known: \_\_\_\_\_

**REQUIRED INFORMATION:**

Current Phone Number Where You May Be Reached: (   ) \_\_\_\_\_ . \_\_\_\_\_

Email Address Where You May Be Reached:

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**FOR COLLEGE/UNIVERSITY ONLY:**

Signature of Appropriate School Official \_\_\_\_\_

Date of Signature \_\_\_\_\_