2027 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, 2027 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

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

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

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

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

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

SOUTHEASTERN MVSKOKE NATION, INC.
MICHELLE GILMORE
1505 COUNTY ROAD 39
DEATSVILLE, AL 36022
PHONE: (334) 657-6696
E-Mail:
administration@southeasternmvskokenation.org

PIQUA SHAWNEE TRIBE
BROOKE SPIVEY
771 SOUTH LAWRENCE STREET, STE 100
MONTGOMERY, AL 36104
E-Mail: itcala3@yahoo.com
Phone: (334) 265-4105

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

CHECK LIST FOR SCHOLARSHIP APPLICATION REQUIREMENTS:

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ALABAMA INDIAN AFFAIRS COMMISSION
777 SOUTH LAWRENCE STREET, STE 100
MONTGOMERY, AL 36104
(334) 240-0998
Charles.mask@aiac.alabama.gov

GRADE RELEASE FORM
To be completed by the student

Date: _____

TO: Registrar's Office

_____

(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, 777 South Lawrence Street, Suite 100, 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.

_____

Signature of Student

_____

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:

_____

FOR COLLEGE/UNIVERSITY ONLY:

Signature of Appropriate School Official _____

Date of Signature _____