



**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)**

**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 **Wednesday, July 9<sup>th</sup>, 2008**, and *can be faxed to meet the deadline* for the 2008-2009 AY. If faxing this form, please forward the original to our office. **AIGC reserves the right to validate all enrollments.**

Tribe: \_\_\_\_\_ Degree of Indian Blood: \_\_\_\_\_

Applicant Is:  An Enrolled Member **OR**  A Descendant of An Enrolled Member

Enrollment Number: \_\_\_\_\_ Is This Tribe U.S. Federally Recognized?  Yes or  No

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 9<sup>th</sup>, 2008**