

I certify that I am a citizen of the Cherokee Tribe of Northeast Alabama (Roll # _____) and that all information on this application is true and correct.

SIGNATURE: _____

SOCIAL SECURITY NUMBER: _____ DATE: _____

The completed application must be postmarked NO LATER THAN May 18 2025 and mailed to:

CTNEAL Scholarship Committee
PO Box 263
Arab, AL 35016

Award notices will be sent to recipients by May 30, 2025. Scholarships will be presented accordingly.