MISSISSIPPI BAND OF CHOCTAW INDIANS
SCHOLARSHIP OFFICE
FINANCIAL AID PACKAGE FORM

TO BE COMPLETED BY THE STUDENT

Name ___________________ Social Security# ___________ Student ID# ___________

Home Address ___________________________ Telephone# ___________________

Major ___________________________ Classification: ___ Fr ___ Soph ___ Jr ___ Sr ___ Graduate

E-Mail Address ___________________________ This form is to be completed for: Fall 20____ Spring 20___

I AUTHORIZE THE FINANCIAL AID OFFICE TO DISCUSS MY FINANCIAL AID WITH THE TRIBAL
SCHOLARSHIP STAFF, COMPLETE THIS FORM, AND FORWARD THE FORM TO:

Tribal Scholarship Officer
Mississippi Band of Choctaw Indians
P O Box 6085
Choctaw, MS 39350

scholarship.program@choctaw.org

STUDENT’S SIGNATURE

TO BE COMPLETED BY THE FINANCIAL AID OFFICE

This student has applied to the Mississippi Band of Choctaw Indians Tribal Scholarship Program. The information requested below must be received before any action can be taken on the student's application. Your assistance in promptly completing and forwarding this form to the above address will be appreciated. Please use Title IV COA.

Budget Period: From ___________ to ___________ which will start on ___________

month/day/year month/day/year month/day/year

Our school operates on the following system: Semester____ Quarter____ Trimester____ Other___________

This student is: Dependent____ Independent____ On-Campus____ Off-Campus____ With-Parents____

Please verify enrollment status: Full time _____ Part time _____

TITLE IV Cost of Attendance

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost</th>
<th>Financial Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>_________</td>
<td>Pell Grant</td>
</tr>
<tr>
<td>Fees</td>
<td>_________</td>
<td>SEOG</td>
</tr>
<tr>
<td>Books</td>
<td>_________</td>
<td>Work Study</td>
</tr>
<tr>
<td>Room</td>
<td>_________</td>
<td>State Scholarship</td>
</tr>
<tr>
<td>Meals</td>
<td>_________</td>
<td>Other Scholarships</td>
</tr>
<tr>
<td>Travel</td>
<td>_________</td>
<td>Loans Offered</td>
</tr>
<tr>
<td>Misc.</td>
<td>_________</td>
<td>Accepted ___  Declined___</td>
</tr>
<tr>
<td>Other</td>
<td>_________</td>
<td>Other Financial Aid</td>
</tr>
<tr>
<td>TOTAL COA</td>
<td>__________</td>
<td>TOTAL FINANCIAL AID</td>
</tr>
</tbody>
</table>

Completed by ___________________________ Typed/Printed Name ___________________________ Title

Signature ___________________________

Date ___________ Telephone ___________ Fax ___________ E-Mail Address ___________

Name of Institution ___________________________ Street Address ___________________________

City ___________________________ State ___________________________ Zip ___________

Revised 04/2018