

**MISSISSIPPI BAND OF CHOCTAW INDIANS  
SCHOLARSHIP OFFICE  
FINANCIAL AID PACKAGE FORM**

Telephone (601) 650-7409

Academic Year \_\_\_\_\_

FAX (601) 650-7413

\*\*\*\*\*  
**TO BE COMPLETED BY THE STUDENT**

Name \_\_\_\_\_ Social Security# \_\_\_\_\_ Student ID# \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone# \_\_\_\_\_  
Street City State Zip

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**

Tuition \_\_\_\_\_  
Fees \_\_\_\_\_  
Books \_\_\_\_\_  
Room \_\_\_\_\_  
Meals \_\_\_\_\_  
Travel \_\_\_\_\_  
Misc. \_\_\_\_\_  
Other \_\_\_\_\_

**Financial Aid**

Pell Grant \_\_\_\_\_  
SEOG \_\_\_\_\_  
Work Study \_\_\_\_\_  
State Scholarship \_\_\_\_\_  
Other Scholarships \_\_\_\_\_  
Loans Offered \_\_\_\_\_  
Accepted \_\_\_ Declined \_\_\_  
Other Financial Aid \_\_\_\_\_

TOTAL COA \_\_\_\_\_

TOTAL FINANCIAL AID \_\_\_\_\_

Completed by \_\_\_\_\_  
Typed/Printed Name Title Signature

\_\_\_\_\_  
Date Telephone Fax E-Mail Address

\_\_\_\_\_  
Name of Institution Street Address City State Zip