MISSISSIPPI BAND OF CHOCTAW INDIANS
SCHOLARSHIP OFFICE
FINANCIAL AID PACKAGE FORM

Telephone (601) 650-7409         FAX (601) 650-7413

TO BE COMPLETED BY THE STUDENT

Name_________________________ Social Security# _______________ Student ID#_____________

Home Address__________________________________________________________________________
Street_________________________ City____________________ State_________ Zip_____________

Major_________________________ Classification: ___Fr ___ Soph ___Jr ___Sr ___ Graduate

E-Mail Address_________________________ This form is to be completed for: Summer 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@chocsw.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

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 ____________  Financial Aid
Pell Grant ____________
Fees ____________  SEOG ____________
Books ____________  Work Study ____________
Room ____________  State Scholarship ____________
Meals ____________  Other Scholarships ____________
Travel ____________  Loans Offered ____________
Misc. ____________  Accepted__ Declined___
Other ____________  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 ____________

Revised 04/2018