

**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

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 ___

<u>TITLE IV Cost of Attendance</u>	<u>EFC:</u>	<u>Financial Aid</u>
Tuition _____	Parent Contribution _____	Pell Grant _____
Fees _____	Student Contribution _____	SEOG _____
Books _____	Spouse Contribution _____	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