

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

Telephone (601) 650-7409

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

FAX (601) 650-7413

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**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:** 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

\_\_\_\_\_  
STUDENT'S SIGNATURE

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**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**

**EFC:**

**Financial Aid**

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