

# MISSISSIPPI BAND OF CHOCTAW INDIANS TRIBAL SCHOLARSHIP PROGRAM

## Student Handbook

My signature below verifies that I, \_\_\_\_\_, have received  
(Please Print Name)

the Tribal Scholarship Program Student Handbook. I understand that it is my responsibility to become familiar with the handbook, and I agree to abide by its contents. I understand that it is my responsibility to contact the Tribal Scholarship Program staff if I need clarification of any portion therein. I further understand that failure to sign, date and return this form to the Scholarship Office may result in delay or forfeiture of scholarship funding.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature (If student is under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date