

**MISSISSIPPI BAND OF CHOCTAW INDIANS
TRIBAL SCHOLARSHIP PROGRAM**

P. O. Box 6085
Choctaw, MS 39350

Certification of Non-Employment for Full-time Students

I certify that I am not employed with any entity, either on a part-time or a full-time basis, during the _____ Semester, which begins on _____ and ends on _____.
Beginning date Ending date

I understand that if I become employed during the semester, I must notify the Tribal Scholarship Program immediately.

I understand that I must submit either an Employment Verification Form or a notarized Certification of Non-Employment Form to the Tribal Scholarship Program each semester.

I further understand that failure to notify the Tribal Scholarship Program of employment during the semester will jeopardize future funding.

Student's Name (Please Print)

Student's Signature

Date

Student's Social Security Number

Provide notarization below:

STATE OF _____

COUNTY OF _____

Personally appeared before me, the undersigned authority for the jurisdiction aforesaid, the within named _____ who acknowledged that he/she signed and delivered the above and foregoing instrument on the day and year therein mentioned.

Given under my hand this the ____ day of _____, 20__.

NOTARY PUBLIC

My Commission Expires: