

MISSISSIPPI BAND OF CHOCTAW INDIANS
TRIBAL SCHOLARSHIP PROGRAM
(P) 601-650-7409 (F) 601-650-7413
SUMMER FINANCIAL AID PACKAGE FORM

Name _____ Social Security xxx-xx- Student ID# _____

Home Address _____ Telephone # _____
Street City State Zip

E-Mail Address _____ Major _____

Classification: Fr Soph Jr Sr Grad Term to be completed for: Summer 20

I authorize the financial aid office to discuss my financial aid with the Tribal Scholarship Program staff, complete this form, and forward the form to:

Tribal Scholarship Officer
MBCI Tribal Scholarship Program
PO Box 6085
Choctaw, MS 39350
scholarship.program@choctaw.org

STUDENT SIGNATURE

FINANCIAL AID OFFICE USE ONLY

The above student has applied with the MBCI 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 & forwarding this form is greatly appreciated. Please complete with the entire Title IV Cost of Attendance.

Budget Period: From / / To / / **Dependency Status:** Independent Dependent

School operates on the following system: Semester Quarter Trimester Other

Housing Status: On-Campus Off-Campus With Parents **Enrollment Status:** Full Time Part Time

Title IV Cost of Attendance

Financial Aid

Tuition _____	Pell Grant _____
Fees _____	SEOG _____
Books _____	State Scholarships _____
Room _____	Other Scholarships _____
Meals _____	Other Financial Aid _____
Travel _____	Work Study _____
Misc. _____	Loans Offered _____
Other _____	Accepted <u> </u> Declined <u> </u>
Total COA _____	Total Financial Aid _____

For Tribal Scholarship Program
Use Only:

TSP HEP

Total Award: _____

Awarded by _____

Date Awarded _____

Form Completed by: _____
Print Name Signature Title

Date Completed: _____ Telephone# _____ Fax# _____ E-Mail _____

Institution: _____ Address: _____