

MISSISSIPPI BAND OF CHOCTAW INDIANS
TRIBAL SCHOLARSHIP PROGRAM
(P) 601-650-7409 (F) 601-650-7413
ACADEMIC YEAR 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: Fall 20____ Spring 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____	Declined____
Total COA	_____	Total Financial Aid	_____

For Tribal Scholarship Program
Use Only:

TSP____ HEP____

AY ____Fall ____Spr ____Win ____

Total Award:_____

Awarded by_____

Date Awarded_____

Form Completed by: _____
Print Name Signature Title

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

Institution:_____ Address:_____