



For Office Use Only: TSP ____ HEP ____ Non-Tribal Member ____

MISSISSIPPI BAND OF CHOCTAW INDIANS
TRIBAL SCHOLARSHIP PROGRAM/HIGHER EDUCATION PROGRAM APPLICATION
Telephone (601) 650-7409 Fax (601) 650-7413

Application Type:

____ New
____ Renewal

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED;
ALL INFORMATION REQUESTED MUST BE PROVIDED WITH THIS APPLICATION**

To complete this application, please print in black ink.

Application Period: Fall 20 ____ Winter ____ Spring 20 ____ Summer 20 ____ **Enrollment:** ____ Full Time ____ Part Time

Student Information

Name ____
Last First Middle Maiden
Tribal Roll Number: ____ Social Security Number: ____ College ID Number: ____
Current Address: ____
Street Address City State Zip
Permanent Address: ____
Street Address City State Zip
Date of Birth ____ Tribal Community: ____ Marital Status: ____ Single ____ Married ____ Other (Specify) ____
Cell Phone # ____ Permanent Telephone # ____ Work Telephone # ____
Place of Employment ____ Do you plan to live: ____ On Campus ____ Off Campus ____ With Parents
Name of Spouse: ____ FAFSA Completed: ____ Yes ____ No ____ Freshman ____ Sophomore ____ Junior ____ Senior ____ Graduate
Father's Full Name ____ Mother's Full Name ____

High School Information

Name & Address of High School Attended: ____
Year Graduated: ____ High School Classified as: ____ BIA ____ Tribal ____ Public ____ Private
Year GED Received ____ Place GED Received ____ Highest Grade Completed ____
Have you taken the ACT or SAT? ____ Yes ____ No ACT/SAT Composite Score ____ Year Taken ____

College Information

Name of Institution You Plan to Attend: ____
Major: ____ Degree Sought: ____ Expected Graduation Date: ____
List All Colleges Previously Attended: ____
Do you plan to work while attending college? ____ Yes ____ No If yes, will you work ____ part-time ____ full-time?

I understand that I must maintain a 2.0 GPA (on a 4.0 scale). I further understand that I must submit an official transcript at the end of each Spring Semester & a copy of my grade report at the end of the Fall, Winter (if applicable), & Summer Semesters. I verify that all information on this form is correct and complete.

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Please forward completed application to:
Tribal Scholarship Program
P.O. Box 6085
Choctaw, MS 39350
Telephone: (601) 650-7409
Fax (601) 650-7413

Applicant Signature: ____
Date: ____
E-Mail Address: ____

NOTE: APPLICATIONS WILL NOT BE ACCEPTED VIA FAX OR EMAIL!