

MISSISSIPPI BAND OF CHOCTAW INDIANS SCHOLARSHIP OFFICE

P. O. Box 6085
Choctaw, MS 39350

Employment Verification Form for Full-time Students

I authorize _____ to release employment
Place of Employment (please print)

information specifically contained in this form to the Mississippi Band of Choctaw Indians Tribal Scholarship Program. I further authorize the above named employer to release said employment information as may be further needed as it relates to my receipt of Tribal Scholarship funds.

Employee Name (Please Print)

Employee Signature

Date

Employee Social Security Number

Employer Use Only	
Employee Job Title:	Employee Date of Employment:
Employment Status:	
Full-Time _____ # hours per week	Part-Time _____ # hours per week
Name and Address of Employer:	Employer Telephone Number:
Name of Company's HR Official Authorized to Provide Employment Information (Please print or type):	Signature of Company's HR Official Authorized to Provide Employment Information:
Title:	Date:

Note to student: if not employed, you must complete a Verification of Non-Employment Form