

FINANCIAL ASSISTANCE APPLICATION

INSTRUCTION

Fill in all the parts of this application and if any item would require additional spaces, simply refer to Item Part G which is provided for such responses requiring extra spaces. Provide all necessary documents, as herein requested and/or required, and make sure before signing the application that all items, inquires and attachments are provided. Use typewriter or black ink pen to write in this application (or use computer with scanner capabilities). Please write legibly and clearly to avoid unnecessary delays. Submit the completed application directly to: Chairman, National Scholarship Committee, Department of Education, P.O. Box PS 87, Palikir Station, Pohnpei, FM 96941. If there is any question or if assistance is needed in filling out this form, simply call the Postsecondary and Student Services Division at (691) 320-2609/2647, or come by the department at Palikir Site. Late and/or incomplete applications will not be considered.

PART A

1. TYPE OF ASSISTANCE REQUESTED:

Graduate scholarship

Continental Scholarship

Fisheries & Maritime

Robert C. Byrd Honors Scholarship

Others: _____

2. APPLICANT'S NAME:

3. SEX:

4. DATE OF BIRTH:

5. CITIZENSHIP:

FSM USA
OTHERS:

6. APPLICANT'S MAILING ADDRESS:

7. CURRENT RESIDENCY

8. LEGAL RESIDENCE

9. SOCIAL SECURITY NUMBER (if any):

10. HEIGHT:

11. TELEPHONE NUMBER(S):

12. FACSIMILE NO.:

If applicant is applying for Robert C. Byrd Honors Scholarship and other applicable scholarships, kindly fill out the following part before proceeding to the next part.

PART B

1. APPLICANTS LEGAL GUARDIAN:

2. RELATIONSHIP:

3. CURRENT RESIDENCY:

4. ADDRESS OF LEGAL GUARDIAN:

5. TELEPHONE NO.:

6. NO. IN HOUSEHOLDS:

7. EMPLOYMENT: YES NO
If yes, state place on the line

8. INCOME
Per annum:

\$ _____

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PART C**

1. PERIOD OF STUDIES Mark appropriate boxes	Quarter Semester	Full-time Student Part-time student	Fall Spring	Winter Summer
2. EXPECTED DATE TO COMMENCE STUDY:	3. NAME & ADDRESS OF INSTITUTION ACCEPTING APPLICANT:		4. ADMISSION DATE:	
5. EXPECTED DATE OF COMPLETION:			6. PROOF OF ADMISSION: Letter of Admission or acceptance I-90 Form Enclosed Other proof	
6. MAJORS/FIELDS:	7. DEGREES:	8. YEAR:		

PART D

1. NAME AND ADDRESS OF SCHOOL LAST ATTENDED:	2. DATE OF GRADUATION:
	3. CUMULATIVE GRADE POINT AVERAGE: _____ Honors Above Ave. Deans List Average
If applicant is an undergraduate student or had previously completed college and is applying for financial assistance toward his/her graduate studies, then (s)he must list below the institutions last attended. If more than one (1) institution, then list only the last three (3).	4. NUMBER IN CLASS & RANK: <i>Secure transcripts and letters from each of the institutions.</i>
NAME & LOCATION OF INSTITUTIONS: <u>(List the most current)</u>	PERIODS OF ATTENDANCE DEGREE(S) OR CREDIT HOURS MAJOR FIELDS

NOTE: Each letter of recommendation from the institutions must bear the signature of the official school representative(s) and/or counselors.

PART E

ESTIMATE OF SCHOOL COST PER ANNUM (COST BREAKDOWN)			
1. TUITION	\$	5. ROOM & BOARD	\$
2. TRANSPORTATION FARES	\$	6. TEXTBOOKS & SUPPLIES	\$
3. EXTRA-CURRICULAR	\$	7. SUB-TOTAL	\$
4. INSURANCE OR ACTIVITIES	\$	8. OTHERS:	\$
9. GRAND TOTALS			\$

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OTHER FINANCIAL AWARDS (Scholarships, loans & Others) AND SOURCES

1. Name/Title of Awards: 2. Name of Sources: 3. Amounts: 4. Fiscal Year

NOTE: Applicants must identify other known financial sources to support their cost of attendance

PART F

EDUCATIONAL GOAL: Describe your educational goals or ambitions, including what you aim to achieve through your degree of studies and how you think this will impact your community. Be concise and indicate whether you plan to the FSM immediately following your graduation or not. Use additional sheet if necessary. If you are applying for the Robert C. Byrd Honors Scholarship, your response in this part will be graded on a scale of 1 to 10 points.

CERTIFICATION: *I hereby certify that I am eligible to apply for the scholarship herein indicated and that the information and support documents herewith provided are true and correct to the best of my knowledge and belief.*

APPLICANTS SIGNATURE:

DATE:

SCHOOL OFFICIAL/COUNSELOR'S SIGNATURE (If applicable):

DATE:

PART G

This part may be used to complete any items in the previous parts, particularly in part F, which may need additional sheet(s). If using black ink pen, please remember to write legibly. And if you are applying for the Byrd Scholarship your response in this part will be reviewed and graded on a scale of 1 to 10.

NOTE: This part or page can be duplicated if more additional sheets are still needed.