

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 F 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, inquiries 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 are needed in filling out this form, simply call the Post Secondary and Student Services Division at 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:

10. HEIGHT:

11. PHONE NUMBER:

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. APPLICANT'S 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: _____

8. INCOME:

Per annum: \$ _____

FINANCIAL ASSISTANCE APPLICATION PART C

1. PERIOD OF STUDIES:

Quarter Full-time Student Fall Winter
 Semester Part-time Student Spring Summer

Mark appropriate boxes

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.

PART D

1. NAME AND ADDRESS OF SCHOOL LAST ATTENDED:	2. DATE OF GRADUATION:	3. CUMULATIVE GRADE POINT AVERAGE: _____ <input type="checkbox"/> Honors <input type="checkbox"/> Deans List <input type="checkbox"/> Above Ave <input type="checkbox"/> Average	
If applicant is an undergraduate student or had previously completed college and is applying for financial assistance toward his/her graduate studies, then he/she 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:	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 and Fees:	\$	5. Room and Board	\$
2. Transportation:	\$	6. Textbooks and Supplies	\$
3. Extra curricular:	\$	7. SUB-TOTAL	\$
4. Insurance or activities	\$	8. Others:	\$
		9. GRAND TOTAL:	\$

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

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

NOTE: Applicants must identify other known financial sources to support their costs 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 return 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 granted on a scale of 1 - 10 points**.

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EDUCATIONAL GOAL CONTINUES...

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.*

APPLICANT'S SIGNATURE:

DATE:

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

DATE: