

**FSM NATIONAL GOVERNMENT
FINANCIAL ASSISTANCE
APPLICATION FORM**

(Revised 03/03/09)

INSTRUCTIONS

Fill in all the parts of this application Form. If any item requires additional space, simply refer to Part F, which is provided for responses that require extra space. Provide all necessary documents, as herein requested and/or required. Make sure that all required items/documents are attached with this application form and do sign it before sending it to the Postsecondary Administrator at the Division of Basic Education & Accreditation, National Department of Education (NDOE). Use typewriter or black ink pen to write in this application (or use computer with scanner capabilities). Please write clearly and legibly to avoid unnecessary delays. Submit the completed application to:

**Postsecondary Administrator
Division of Basic Education & Accreditation
Department of Education
PO Box PS87
Palikir, Pohnpei FM 96941**

The supporting documents that should accompany this application are:

- 1) an acceptance letter or proof of attendance from your prospective institution,
- 2) an original copy of your transcripts,
- 3) a copy of the photo page of your passport, and
- 4) three (3) letters of reference which will be sent directly to the Postsecondary Administrator.

And make sure that the Director of Financial Aid or his/her designee certifies costs of attendance, signs and impresses school zeal on the application form.

PART A: Personal Information

1. Type of Assistance Requested:

- Graduate Scholarship
- Other National Scholarship

2. Applicant's Name: _____ 3. Gender: _____
Last Name First Name MI

4. Date of Birth: _____ 5. Citizenship: FSM FSM & USA
Month/Day/Year

6. Applicant's Mailing Address: _____

7. Current Residency: _____ 8. Legal Residency: _____

9. Social Security Number: FSM _____ USA _____

10. Telephone No.: _____ 11. Email Address: _____

FINANCIAL ASSISTANCE APPLICATION FORM

PART B: Legal Information

1. Applicant's Legal Guardian's Name: _____
2. Relationship to You: _____ 3. Current Residency: _____
4. Address of Legal Guardian: _____ 5. Telephone: _____
6. Email: _____ 7. No. In Household: _____
8. Guardian Employed: Yes No If yes, state occupation: _____
9. Place of Work: _____ 10. Income: _____

PART C: Financial Information

1. Period of Study: Quarter Semester Full-Time Student Part-Time Student
 Fall Spring Summer Winter
2. Expected Date to Begin Study: ____/____/____
3. Name and Address of Institution Accepting Applicant: _____

School Name

AddressCity/StateZip Code
4. Major: _____ 5. Expected Date of Completion: _____
6. Proof of Admission: Letter of admission or acceptance I-90 Form Enclosed Other proof

PART D: Education and Achievements

1. Name and Address of School Last Attended: _____

List of at Least three Institutions Last Attended, If more than one. *(Secure transcripts and letters from each of the institutions)*

Name & Location of Institution	Period of Attendance	Degree (s) or Credit Hrs	Field or Major

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

2. Date of Graduation: _____ 3. Cumulative Grade: _____ Honors Above Avg
 Dean List Average
Grade Point Average

PART E: Estimated School cost of Attendance per Annum (Cost Breakdown)

1. Tuition and Fees	\$
2. Transportation	\$
3. Extra Curricular Activities	\$
4. Insurance	\$
5. Room and Board <input type="checkbox"/> Dormitory <input type="checkbox"/> Off Campus <input type="checkbox"/>	\$
6. Textbooks & Supplies	\$
Sub-Total	\$
Others	\$
Grand Total	\$

OTHER FINANCIAL AWARDS (Scholarship, loan, & others) AND SOURCES.
NOTE: The applicant must list all of his or her sources & amount of financial assistance and enter below:

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

CERTIFICATION: I, the **Director of Financial Aid** or my designee, hereby certifies that the costs of attendance and the financial assistance provided in this application are, to the best of my knowledge and belief true and accurate.

_____ Print Your Name

_____ Signature

_____ Title

_____ Date



Address	Telephone No.	Fax No.	Email

PART F: Student's Goals

EDUCATIONAL GOAL: Describe your educational goals or ambitions, and explain why you think the field you are pursuing is important and how you think this will impact on your community. Be brief and concise. Indicate whether or not you will return to the FSM immediately following your graduation or not. Use additional sheet if necessary.

STUDENT CERTIFICATION: I, hereby certify that the information and supporting documents provided herein are true and correct to the best of my knowledge and belief.

Applicant's Signature:

Date:

School Official/Counselor's Signature:

Date:

FSM Official receiving this application with its supporting documents:	
Name: _____	Date: _____
Missing supporting documents: 1) _____	2) _____
3) _____	4) _____

