

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: \_\_\_\_\_

**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  
 \_\_\_\_\_  
Address City/State Zip 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: \_\_\_\_\_  
Grade Point Average

Honors     Above Avg  
 Dean List     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	\$
<b>Sub-Total</b>	\$
<b>Others</b>	\$
<b>Grand Total</b>	\$

**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

