



Kosrae State Scholarship Board
 PO Box 5D
 Tofol, Kosrae
 FSM 96944
 Ph # (691) 370-2014

APPLICATION FOR KOSRAE STATE STUDENT FINANCIAL AID

- This form is for legal citizen of the Kosrae State to apply for financial aid assistance from Kosrae State Scholarship Board to an accredited postsecondary education on full-time basis.
- Please TYPE or PRINT with ballpoint pen clearly. Complete all items, use n/a (not applicable) in those blanks which do not apply to you.
- All students attending colleges in the USA must apply for Federal Aid Program by submitting the FAF (Financial Aid Form), available from any college Financial aid office, to the College Scholarship Services by the deadline indicated.
- NEW APPLICANTS must attach (1) an official copy of your most recent high school or college transcript with a G.P.A. of 2.00 and above, (2) a letter of acceptance from the college you have applied to attend.
- ON-GOING STUDENTS must attach to this application (1) an official copy of your most recent transcript with a G.P.A. of 2.00 and above.
- All applications and all supporting documents must be submitted by the established deadlines. (June 30.)

Section A: PERSONAL INFORMATION

1. Last Name			First Name	Middle Name	2. Social Security Number	
3. Current mailing address				4. Permanent mailing address		5. Sex
Telephone #				Telephone #		
6. Date of Birth	7. Age	8. Place of Birth	9. Citizenship (State & Country)		10. Marital Status Widowed // Single // Married // Divorced // Separated //	
11. If married, name of spouse		12. Number of dependents		13. Name & address of person to be contacted in case of emergency.		
14. Parents are... // Married // Separated // Divorced // Widowed	Father alive	Name of Father	Age	15. A. No. of parent's dependents		
	Mother alive	Name of Mother	Age	16. B. No. of dependents attending college including applicant		

Section B: EDUCATION INFORMATION

16. High School graduated from		17. Date by which you plan to attend college		18. Name/address of College attending/to attend	
19. Degree now being sought // AA/AS // PhD, MD, JD etc // BA/BS // Professional Cert. // MA/ MS // Other _____		20. Field of Study		22. College standing at time financial aid will be used // Freshman // Junior // Sophomore // Senior // Post-Graduate	
		21. Expected date of Grad.			

Section C. INCOME/EARNINGS:

23. Parents: A. Annual Income Earned: Father \$ B. Annual Income Earned: Mother \$		Student: Student \$ Spouse \$		24. Do you have Health Insurance // Yes // No	
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Section D: EDUCATIONAL EXPENSES: / / Per Academic Year / / One term only (specify) _____ / / Summer

25.	Student tuition: / / Resident / / Non-Resident / / N/A	\$
26.	Test fees, application fees, Library fees, Lab fees, Student Body fees, etc. as required by the college:	\$
27.	Books, school, and laboratory supplies:	\$
28.	Room and board for _____ months: (Specify) // Dormitory // Off-Campus // living with family	\$
29.	Health Insurance:	\$
30.	Miscellaneous personal expenses (e.g., clothing, pocket money, uniforms, etc.):	\$
31.	Transportation expenses-Describe:	\$
32.	TOTAL EDUCATIONAL EXPENSES:	\$

33. Are there any special circumstances the Scholarship Board should be aware of? (Use additional page if needed)

Section E: FINANCIAL RESOURCES:

34.	Pell Grant	\$
35.	Supplemental Educational Opportunity Grant (SEOG)	\$
36.	College Work-Study Program	\$
37.	Scholarship/Grant awarded by College (Identify):	\$
38.	Other scholarship award (Identify):	\$
39.	Parental support (The Scholarship Board expects most families to be able to provide a reasonable amount of support.	\$
40.	Student's own resources	\$
41.	Spouse's support	\$
42.	Loans (Identify):	\$
43.	Others (Identify):	\$
44.	TOTAL FINANCIAL RESOURCES	\$

Section F: FINANCIAL NEED (subtract E from D): \$

I HEREBY APPLY FOR FINANCIAL ASSISTANCE TO HELP MEET EDUCATIONAL EXPENSES ONLY. I HAVE APPLIED FOR FINANCIAL AID FROM U.S FEDERAL PROGRAMS AND FROM OTHER INSTITUTIONAL PROGRAMS FOR WHICH I AM ELIGIBLE. I HEREBY DECLARE THAT EVERYTHING ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND MY OBLIGATIONS TO FOLLOW THE PROGRAM PROCEDURES AND REGULATIONS.

SIGNATURE OF APPLICANT: _____ DATE: _____

CERTIFICATION: TO BE SIGNED BY THE COUNSELOR, ADVISOR, OR FINANCIAL AID OFFICER WHO ASSISTED IN THE PREPARATION OF THIS APPLICATION.

I HAVE REVIEWED THIS FORM WITH THE APPLICANT AND BELIEVE THAT THE INFORMATION IS COMPLETE AND ACCURATE. THE APPLICANT IS IN GOOD STANDING AND ACCEPTED FOR ADMISSION TO THE ACCREDITED POSTSECONDARY INSTITUTIONAL FINANCIAL ASSISTANCE PROGRAMS FROM WHICH HE OR SHE IS ELIGIBLE TO RECEIVE FUNDING.

SIGNATURE: _____

OFFICIAL SEAL

DATE: _____

TITLE: _____