

**FSM NATIONAL GOVERNMENT
FINANCIAL ASSISTANCE
APPLICATION FORM
(Revised 10/9/06)**

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 Education, Department of Health, Education and Social Affairs (DHESA). 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 Education, Department of HESA, 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 seal on the application form.**

PART A

1. TYPE OF ASSISTANCE REQUESTED:

- Graduate Scholarship
 Other National Scholarship: _____

2. APPLICANT'S NAME:

3. SEX

- M
 F

4. DATE OF BIRTH

____/____/____
mm dd yr

5. CITIZENSHIP:

- FSM FSM & USA
 OTHERS: _____

6. APPLICANT'S MAILING ADDRESS:

7. CURRENT RESIDENCY:

8. LEGAL RESIDENCY:

9. SOCIAL SECURITY NUMBER

10. TELEPHONE NO.

11. EMAIL ADDRESS

FSM: _____ or US: _____

PART B

1. APPLICANT'S LEGAL GUARDIAN'S NAME:

2. RELATIONSHIP TO YOU:

3. CURRENT RESIDENCY:

4. ADDRESS OF LEGAL GUARDIAN:

5. TELEPHONE:

7. NO. IN HOUSEHOLD:

6. EMAIL:

8. GUARDIAN EMPLOYED: YES NO
If yes, state occupation: _____

9. PLACE OF WORK:

10. INCOME:
Per annum \$ _____

FINANCIAL ASSISTANCE APPLICATION

PART C

1. PERIODS OF STUDY: Quarter Full-time Student Fall Winter
Mark appropriate boxes Semester Part-time Student Spring Summer

2. EXPECTED DATE TO BEGIN STUDY:

3. NAME AND ADDRESS OF INSTITUTION ACCEPTING APPLICANT:

4. MAJOR:

5. EXPECTED DATE OF COMPLETION:	6. PROOF OF ADMISSION: <input type="checkbox"/> Letter of admissions or acceptance. <input type="checkbox"/> I-90 Form Enclosed <input type="checkbox"/> Other proof.
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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"/> Average <input type="checkbox"/> Deans List <input type="checkbox"/> Above Ave.
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LIST AT LEAST THREE INSTITUTIONS LAST ATTENDED, IF MORE THAN ONE. (*Secure transcripts and letters from each of the institutions*)

NAME & LOCATION OF INSTITUTION:	PERIODS OF ATTENDANCE:	DEGREE (S) OR CREDIT HOURS:	4. NUMBER IN CLASS AND RANK:
			FIELD OR MAJOR:

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

PART E

ESTIMATED SCHOOL COST OF ATTENDANCE PER ANNUM (COST BREAKDOWN)

1. Tuition and Fees:	\$	5. Room and Board:	\$
2. Transportation:	\$	6. Textbooks & Supplies:	\$
3. Extra Curricular Activities:	\$	7. SUB-TOTAL:	\$
4. Insurance:	\$	8. Others:	\$
		9. 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

SEAL OF THE INSTITUTION

Address:	Telephone No.	Fax No.	Email:

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PART F

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 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: (If applicable), _____ DATE: _____

FSM Official receiving this application with its supporting documents:
 Name: _____ Date: _____

Missing supporting documents: 1) _____ 2) _____
 3) _____ 4) _____

Part G

National Scholarship Agreement

Division of Education
Department of Health, Education and Social Affairs
PO Box PS87
Palikir, Pohnpei 96941

In accepting a FSM National Scholarship award, I commit myself to and agree as follow:

1. I pledge that I will not change the major field of study for which I was initially awarded a scholarship. If I changed my major to a non-priority field, my eligibility for scholarship will be terminated.
2. I pledge that I will complete the course of study within the prescribed period of study for the field of major for which I was awarded a scholarship.
3. I pledge that I will carry a full-time load for every semester of my studies. (Full-time load is as follow: 6 credits/semester for doctorate degree, 9 credits/semester for masters degree, 3 credits per trimester for online graduates, 12 credits for undergraduate students)
4. I pledge that at the end of each quarter/semester, I will provide an original, certified copy of my transcript of records to the Office of Post-Secondary and Scholarship at the FSM National Government showing a grade point average (GPA) of at lease 2.50 for undergraduates and 3.00 for graduates/post-graduates or better based on a full-time load.
5. I pledge to return to the FSM to provide services in my field of specialty for at least 1 year for every year that I was on National Scholarship. If I opted to work abroad after completion of my studies or the lack thereof, I will pay 50% of the total amount I received in scholarships back into the National Scholarship Funds account.
6. I pledge that if I failed to meet conditions 1-5 above, I will pay back into the National Scholarship Funds account the full amount that I received in scholarship for my education

Scholarship Recipient: After reading, understanding and committing to the above conditions, kindly sign your part, have your witness sign her or his part and send this with your application to the address shown above.

Please Print your name

Your Signature Date

Witnessed By:

Please Print your name

Your Signature Date

Relationship to scholarship applicant

Job title