

Deadlines for Applying FSM Scholarship

June 30th – Fall

December 31st – Spring

May 31st - Summer

FSM NATIONAL GOVERNMENT
**FINANCIAL ASSISTANCE
APPLICATION FORM**

(Revised 08/2011)

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 National 8 YdUfra YbhcZ9Xi Wncb fB 8 C 9L" DYUy bchY hU: GA Gwc Ufg Jdg UFY fYgYfj YX'cb'mZcf dcdgVwbXUfmgI XYbhg'cb'UZ " !hja Y'VUjg" 'I gY hmaYk f]hYf'cf'VUW']b_ dYb'rc'k f]hY']b'h.]gUdd']Wncb'f'cf' i gY' Wta di hYf'k]h' gWbbYf' WdUW']hYg' "DYUy'k f]hY' WUf' mUbx' Y[]V'mrc' Uj c]X'i bbyWgUf mXY'Uhg" G Va]hh.Y' Wta d'YhX' Udd']Wncb'rc.

**Postsecondary Administrator
National 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, 'UbX
- 3) a copy of the photo page of your passport"

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: Personal Information

I. Type of Assistance Requested:

- Graduate Scholarship (Sin Tax Scholarship)
- Other National Scholarship Freshman Sophomore Junior Senior

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 _____

FINANCIAL ASSISTANCE APPLICATION FORM

10. Telephone No.: _____

11. Email Address: _____

PART B: Legal Information

1. Applicant 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: _____ Honors Above Avg
 Grade Point Average 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	\$
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

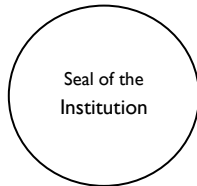
CERTIFICATION: I, the **Director of Financial Aid** or my designee, hereby certifies that the costs of attendance and the financial assistance provided in this application are, to the best of my knowledge and belief true and accurate.

_____ 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) _____

PART G: Agreement

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, 6 credits/semester for master degree, 6 credits per semester for online graduates, 12 credits for undergraduate students).
4. I pledge that at the end of each 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 least 2.00 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

Signature

Date

Witnessed By:

Please Print your name

Signature

Date

Relationship to scholarship applicant

Job title