



Student Services Office  
 P.O. Box 904  
 Tel: 330-2190/5290  
 Email: chuuk scholarship@gmail.com

## Application Form for CHUUK STATE SCHOLARSHIP PROGRAMS SY' 2014-2015

**INSTRUCTION:** This form is to be used by students needing financial Aid to pursue studies in accredited Post Secondary institution abroad. It is required that this form be considered complete with the following attachments: A) A Certified Copy of applicant's most recent transcript or Grade report. B) Copy of Acceptance Letter by the institution for new student. C) The application must be reviewed and certified by the school official and be sealed with the school seal. D) Applications have to be postmarked by June 30<sup>th</sup> for consideration.

### Section A: Personal Information

1. Last Name		First Name		Middle Name		2. Social Security Number	
3. Current Mailing Address				4. Permanent Mailing Address			
Telephone: Email:				Telephone:			
5. Sex	6. Date of Birth	7. Age	8. Place of Birth	9. Citizenship (Island & State)		10. Marital Status: Single / / Married / / Widowed / / Separated / / Divorced / /	
11. If married, name of spouse		12. Number of your 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	15a. Number of parent's dependents:  b. No. of dependents attending college including applicant:		
		Mother alive?	Name of Mother	Age			

### Section B: Educational Information

16. High school graduated from/year graduated:		17. Date by which you plan to enroll		18. Name/address of coll. 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 finance aid will be used: Freshmen / / Senior / / Sophomore / / Grad. / / Junior / / Post Grad. / /	
		21. Expected date of graduation			

### Section C: Income/Earnings

<b>23. Parents</b>		<b>Students</b>	
a. Annual Income Earned: Father \$ _____		Student: \$ _____	
b. Annual Income Earned: Mother \$ _____		Spouse: \$ _____	

**The deadline for submission is : JUNE 30, 2014**

**Section D: EDUCATIONAL EXPENSES**

24. // Per Academy Year                      // One term only (specify) \_\_\_\_\_

25. Student tuition: // Resident                      // Non-resident                      // n/a	
26. Test fees: Application fees, library 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 EDUCATION EXPENSES:	
33. Are there any special circumstances the Scholarship Board should be aware of?	

**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	
40. Student 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 MY 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 there 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 POST SECONDARY INSTITUTION WHICH HE OR SHE IS ELIGIBLE TO RECEIVE FUNDING.

Signature : \_\_\_\_\_

Official Seal

Date: \_\_\_\_\_