

Application Form

for

Tel:330-2190/5290 Email: chuukstatescholarship@gmail.com

Student Services Office P.O. Box 904

CHUUK STATE SCHOLARSHIP PROGRAMS

SY' 2026-2027

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 2025 for consideration.

| 1. Last Na | First Name | | | | Middle Name 2. | | 2. Sc | Social Security Number | | |
|---|---------------------------------------|---------------|--|----------------|----------------|---------------|---|---|---|--|
| 3. Current | : Mailing Address | | | | | 4. Perm | anent Mail | ing Addr | Iress | |
| | | | elephone mail: | e: | | | | | Telephone: | |
| 5. Gender | 6. Date of Birth | 7. Age | 8. Pl | lace of | Birth | 9. Citize | nship (Isla | nd & Sta | ate) 10. Marital Status: Single / / Married / / Widowed / / Separated / / Divorced/ / | |
| 11. If marrie | d, name of spouse | 12. Num | iber of yo | our de | pendents | | 13. Nar case of e | | 10. Marital Status: Single / / Married / / Widowed / / Separated / Divorced / / dress of person to be contacted in cy: 15a. Number of parent's dependents: 25 No. of dependents attending college including applicant: | |
| 14. Parents are: Married / / Separate / / | | Father alive? | | Name of Father | | | Age 15 | | 15a. Number of parent's dependents | |
| | Divorced / / Widowed / / | | Mother alive? | | Name of Mother | | Age | | b. No. of dependents attending college including applicant: | |
| | | | Secti | ion E | B: Education | al Info | ormatic | n | | |
| 16. High school graduated from/year gra | | | aduated: 17. Date by whic in college/univers | | | | to enroll 18. Name/address of school attending/to attend: | | | |
| 19. Degre | e now being sought | : | 20. Fig | eld of | Study | | 22. C | ollege s | standing at time finance aid will be u | |
| AA/AS / BA/BS / MA/MS / | / Professional Cer | | 21. Expected date of graduati | | | on | | Freshmen / / Senior / / Sophomore / / Grad. / / Junior / / Post Grad. / / | | |
| | | | Sec | tion | C: Income | /Earni | ngs | | | |
| | nts I Income Earned: I Income Earned: | | | | Stud | ents Stude | nt: \$ | | | |

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? No FSM scholarship | | | | | | | | |
| 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 ONI HAVE APPLIED FOR FINANCIAL AID FROM U.S. FEDERAL PROGRAMS AND FROM OTHER INSTITUTION 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. | ΓΙΟΝΑL CATION | | | | | | | |
| Signature of Applicant: Date: | | | | | | | | |
| CERTIFICATION: to be signed by the counselor, advisor, or financial aid officer who assisted in t preparation of this application. | he | | | | | | | |
| I HAVE REVIEWED THIS FORM WITH THE APPLICANT AND BELIEVED THAT THE INFORMATION IS COMPLETE AND ACCURATE. THE APPLICANT IS IN GOOD STANDING AND ACCEPTED FOR ADMIS TO THE ACCREDITED POST SECONDARY INSTITUTION WHICH HE OR SHE IS ELIGIBLE TO RECEIV FUNDING. | SSION | | | | | | | |
| Signature: Official Seal Date: | _ | | | | | | | |