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

Application Form
for

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, 2026 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. Gender	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 / / Separate / / Divorced / / Widowed / /	Father alive?	Name of Father	Age	15a. Number of parent's dependents:
	Mother alive?	Name of Mother	Age	b. No. of dependents attending college including applicant:

Section B: Educational Information

16. High school graduated from/year graduated:	17. Date by which you plan to enroll in college/university:	18. Name/address of school 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

23. **Parents**
a. Annual Income Earned: Father $_____
b. Annual Income Earned: Mother $_____

Students
Student: $_____
Spouse: $_____

The deadline for submission is: June 30, 2026

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 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 BELIEVED 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: _____