

# KOSRAE STATE SCHOLARSHIP APPLICATION

DEPARTMENT OF EDUCATION

PO BOX #362

TOFOL, KOSRAE STATE

FEDERATED STATES OF MCRONESIA 96944

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## APPLICATION FOR KOSRAE STATE STUDENT SCHOLARSHIP, GRANT, AND LOAN

*Reminder: The awarding is merit-based, competitive and not all applicants will be receiving awards.*

- This form is for legal citizens of Kosrae State to apply for financial assistance from the Kosrae State Scholarship Program to attend accredited post-secondary educational institutions on a full time basis
- Please TYPE or PRINT all required information clearly and accurately. Complete ALL items on the application
- Use "N/A" (not applicable) on those items which do not apply to you
- **PELL GRANT REQUIREMENT:** All students who plan to attend school in the U.S. or affiliated-territories must apply for U.S. Federal Financial Aid by filling out the necessary application for financial assistance (FAFSA).
- **NEW APPLICANTS** are required to submit the following documents along with this application:
  - A letter of acceptance from the College or University you plan to attend
  - An official copy of your most recent High school, College, or University transcript
- **CONTINUING STUDENTS** must submit (1) an official transcript from the College or University that you are currently attending
- Applicants are required to be enrolled on a FULL TIME basis (12 or more college credits)
- Applications and all supporting documents must be submitted to the Kosrae State Scholarship Office by the established deadlines:(June 30 for Fall Semester; November 30 for Spring Semester)

SECTION A: PERSONAL INFORMATION					
1. NAME ( <i>Last, First, MI</i> )		2. Social Security number FSM: _____ US: _____		3. Current Mailing Address	
4. Permanent Mailing Address			5. Email Address ( <i>mandatory</i> )		6. Gender / / Male / / Female
7. Date of Birth	8. Place of Birth		9. Citizenship	10. Marital Status	
11. Name of Spouse		12. Number of Dependents		13. Name and Address of person to be contacted in case of emergency	
14. Parents marital status / / Married / / Divorced / / Separated / / Widowed		Father Alive	Name of Father	Age	15. Number of Dependents
		Mother Alive	Name of Mother	Age	16. Number of Dependents
SECTION B: EDUCATION INFORMATION					
17. High School graduated from		18. Date by which you plan to attend College		19. Name & Address of College/University attending/will attend	
20. Degree now being sought		21. Field of Study		23. College Standing: / / Freshmen / / Sophomore / / Junior	
		22. Expected Date of graduation		/ / Senior / / Post Graduate	
SECTION C: INCOME/EARNINGS					
24. Annual Income Earned: (a) Student: _____ (c) Mother _____				25. Do you have Health Insurance / / Yes	

<b>SECTION D: EDUCATIONAL EXPENSES</b>	
ANTICIPATED EXPENSES per: (a) School Year _____ (b) Semester _____ (c) Summer _____	
26. Student Tuition / / Resident / / Non-Resident / / Others	\$
27. Other fees (testing fees, application fees, library fees, other fees as required by the Institution)	\$
28. Room & Board for _____ months: / / Dormitory / / Off-Campus / / Others _____	\$
29. Books, Supplies, and Laboratory supplies	\$
30. Health Insurance	\$
31. Transportation Expenses	\$
32. TOTAL EDUCATION COST	\$
<b>SECTION E: FINANCIAL RESOURCES</b>	
33. Pell Grant	\$
34. Federal Student Educational Opportunity Grant (FSEOG)	\$
35. Federal College Work study	\$
36. Institutional Grants (scholarships and other financial assistance from the Institution)	\$
37. Parental support (All families should provide a reasonable amount of financial support)	\$
38. Student's own resources	\$
39. Spouse's financial support	\$
40. Other financial support (Loans)	\$
41. Total Financial Resources	\$
<b>SECTION F: FINANCIAL NEED (Subtract "SECTION E" from "SECTION D")</b>	\$

**I HEREBY APPLY FOR FINANCIAL ASSISTANCE TO HELP MEET MY EDUCATION EXPENSES ONLY. I HAVE APPLIED FOR FEDERAL GRANTS (PELL GRANT) AND FOR 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 FINANCIAL AID OFFICER WHO ASSISTED IN THE 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 ACADEMIC STANDING AND HAS BEEN ACCEPTED FOR ADMISSION TO THE ACCREDITED POST SECONDARY INSTITUTION FROM WHICH HE OR SHE IS ELIGIBLE TO RECEIVE FUNDING.**

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_