



KOSRAE STATE SCHOLARSHIP BOARD

PO BOX #660

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 residents of the State of Kosrae and legal citizens of the Federated States of Micronesia, 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 information clearly and accurately. Complete ALL items on the application. We have no obligation to ask for additional information. Applications will be reviewed based only on information provided on the application, and the necessary supporting documents.
- 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
 - The most recent official transcript from the High school, College, or University last attended
- **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 (Last, First, MI)		2. Social Security number FSM: _____ US: _____	3. Current Mailing Address
4. Permanent Mailing Address		5. Email Address (mandatory)	6. Gender / / Male / / Female
7. Date of Birth	8. Place of Birth	9. Citizenship	10. Marital Status
SECTION B: LEGAL GUARDIAN INFORMATION			
11. Name of Legal Guardian	12. Relationship to Applicant	13. Current Residency	14. Permanent Residency
15. Address of Legal Guardian	16. Telephone	17. Email Address	18. No. in Household
19. Guardian Employed / /Yes / /No	20. If Employed, State Occupation	21. Place of work	22. Annual Income
SECTION C: EDUCATION INFORMATION			
23. High School Graduated from	24. Expected Date to Begin Study _____/_____/_____	25. Major	26. Expected Date of Completion _____/_____/_____
27. Name of College/University accepting applicant _____ School Name			
_____	_____	_____	_____
Address	City/State	Zip Code	
28. Degree Program	29. Current Status: / /Freshmen / /Sophomore / /Junior / /Senior / /Graduate / / Post Graduate		

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

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: _____