



COM-FSM LAPTOP CARE AID  
2022-2023 SCHOOL YEAR

# FINANCIAL AID OFFICE

College of Micronesia-FSM  
P.O Box 159  
Kolonia, Pohnpei FM 96941

## COM-FSM Laptop Care Aid

### EDUCATIONAL EXPENSES AND FINANCIAL RESOURCES FORM

Student Name: \_\_\_\_\_ ID No. \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

#### Section A. EDUCATIONAL EXPENSES

- 1. Student Tuition: \$ \_\_\_\_\_
  - 2. All required college fees: \$ \_\_\_\_\_
  - 3. Books and Laboratory supplies: \$ \_\_\_\_\_
  - 4. Room & Board (Specify) \_\_\_ Residential Hall \_\_\_ Off-Campus \$ \_\_\_\_\_
  - 5. Transportation expenses – Describe: \$ \_\_\_\_\_
- TOTAL EDUCATIONAL EXPENSES** \$ \_\_\_\_\_

#### Section B. FINANCIAL RESOURCES

- 1. Pell Grant \$ \_\_\_\_\_
  - 2. Supplemental Educational Grant (SEG) \$ \_\_\_\_\_
  - 3. SEG Work-Study \$ \_\_\_\_\_
  - 4. State or FSM National scholarship) (identify): \$ \_\_\_\_\_
  - 5. Other scholarship award(s) (identify): \$ \_\_\_\_\_
  - 6. Parental or Spouse support \$ \_\_\_\_\_
  - 7. Student’s own resources: \$ \_\_\_\_\_
- TOTAL FINANCIAL RESOURCES** \$ \_\_\_\_\_
- Financial Need: (subtract Section B from Section A)** \$ \_\_\_\_\_

#### CERTIFICATION:

To be signed by the Financial Aid Officer who assisted the applicant in the review and confirmation of the data stated in the form.

I HAVE REVIEWED THIS FORM WITH THE APPLICANT AND BELIEVE THAT THE INFORMATION IS COMPLETE AND ACCURATE.

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

TITLE: \_\_\_\_\_ Seal DATE: \_\_\_\_\_