

COLLEGE OF MICRONESIA-FSM

Date: _____

POHNPEI CHUUK YAP KOSRAE

COM-FSM APPLICATION FOR FINANCIAL ASSISTANCE (COM-AFA)

INSTRUCTION: This form must be completed and submitted to the College of Micronesia-FSM (COM-FSM) Financial Aid Office before you can be considered for financial assistance. Please print in ink or type all answers clearly, accurately, and completely. **Indicate N/A** if not applicable. Academic Period covered by award(s) is from **July 1, 2017 to June 30, 2018**.

_____, _____
Last name First name Middle Date of Birth U.S. Social Security No.
Permanent Address: _____ Municipality _____
P.O. Box City State zip code
Current Address: _____ Phone No. _____
P.O. Box City State zip code
Student's E-Mail Address: _____ Gender: Male ___ Female ___

Marital status: Single ___ Married ___ Separated ___

Parents' marital status: Single ___ Married ___ Separated ___ Widowed _____

SECTION A - STUDENT'S GENERAL INFORMATION

- Student Admission Status: New _____ Continuing _____ College Transfer _____ Readmitted _____
 - If readmitted, please indicate semester and year last attended
- Are you a high school graduate? Yes ___ No ___ GED holder? Yes ___ No ___ Other? _____
Specify
- While a student, where will you live: Parents _____ Relative _____ Own Home _____ Residence Hall _____
- Degree/Certificate Program. _____ Expected Graduation Date (mo./ yr.) _____
(major)
- During the 2017-2018 school year, you request financial aid for the following:
Fall 2017 ___ Spring 2018 ___ Summer 2018 ___
- Type(s) of Aid requested: SEG ___ SEGWSP ___ Institution aid ___
- Grade level for school 2017-2018: Freshman ___ Sophomore ___ 3rd Year ___ 4th Year ___
- If you have previously attended any other college, list below the college(s) that you have attended. Begin with college you attended most recently.
 - Name of college _____ Address, City, State _____
 - From (mo./ yr.) _____ To (mo./yr.) _____ Date Graduated(mm/dd/yyyy) _____
 - Degree Earned: _____

9. Family Information: Fill all column that apply.

List all family members who are currently living with you and your parents. This may include yourself, your parents, your brothers and sisters and other relatives who are under 23 years of age whether in school or not. Include names of schools that any of your family members will attend during 2017-2018 school year.

Full Name	Age	Relationship	College	Elementary/High School

SECTION B - FINANCIAL INFORMATION

1. If you and/or your spouse were employed during 2015 calendar year, complete the following:

- i. Student's Employer _____ 2015 Income \$ _____ Work Phone _____
- ii. Spouse's Employer _____ 2015 Income \$ _____ Work Phone _____
- iii. Other 2015 untaxed Income and Benefits \$ _____

2. Parents Information

- i. Father's Employer _____ 2015 Income \$ _____ Work Phone _____
- ii. Mother's Employer _____ 2015 Income \$ _____ Work Phone _____
- iii. Other 2015 untaxed Income and Benefits \$ _____

I certify that the above information is true to the best of my knowledge. I give permission to the college to verify the information indicated above. I also realize that if I do not give proof as requested, I may be denied financial aid.

RELEASE:

- I UNDERSTAND THAT FINANCIAL ASSISTANCE I WILL RECEIVE MAY BE USED SOLELY FOR EDUCATIONAL RELATED EXPENSES
- I UNDERSTAND THAT WHILE ATTENDING COM-FSM, UNDER ANY CIRCUMSTANCES WHICH I MAY NOT BE QUALIFIED FOR FINANCIAL ASSISTANCE, I SHALL TAKE THE FULL RESPONSIBILITY TO ENSURE THAT MY SCHOOL EXPENSES ARE FULLY COVERED.
- THE FINANCIAL AID OFFICE HAS PERMISSION TO RELEASE PERSONAL INFORMATION, INCLUDING GRADES REQUIRED BY SCHOLARSHIP OFFICE.
- I UNDERSTAND I MUST REAPPLY FOR FINANCIAL AID EACH YEAR AND THAT IT IS MY RESPONSIBILITY TO OBTAIN THE MATERIALS AND ADHERE TO THE DEADLINE.

Student's Signature _____ Date _____

Note: Indicate on a separate sheet any circumstances that the Financial Aid Office should take into consideration when reviewing your application.