

Date:_____

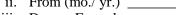


KOSRAE

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, 2023 to June 30, 2024.

Last name	First name	Middle	Date of Birth	Ū	U.S. Social Security No.	
Permanent Add	lress:			Ν	Iunicipality	
	P.O. Box City	State	zip code			
Current Addres	ss:			Р	hone No	
	P.O. Box City	State	zip code			
Student's E-Ma	ail Address:			G	Gender: Male Female	
Marital status:	Single Married	_ Separated_	_			
Parents' marita	l status: Single N	larried Se	eparated Div	orced/Widowed		
	SECTION	A - STUDE	NT'S GENERAL I	NFORMATIO?	N	
	nission Status: New		U	•	Readmitted	
2. Are you a hi	igh school graduate? Yes	s No	GED holder?	Yes I	No Other? Specify	
3. While a stud	lent, where will you live:	Parents	Relative	Own Home	Residence Hall	
4. Degree/Cert	ificate Program.			pected Graduation	on Date (mo./ yr.)	
5. During the 2	2023-2024 school year, ye	(major ou request finan	/	owing:		
Fall 2023	Spring 2024	Summer 202	24			
6. Type(s) of A	Aid requested: SEG	SEG W	ork Study	Institution aid_		
7. Grade level	for school 2023-2024: Fr	eshman	Sophomore3 ¹	^{td} Year 4 th	Year	
	previously attended any o d most recently.	other college, lis	st below the college	(s) that you have	e attended. Begin with college	
i. Name of	college		Address, 0	City, State		
ii. From (mo	o./ yr.)7	Co (mo./yr.)	Date G	raduated(mm/do	d/yyyy)	



iii. Degree Earned: _____



9. Family Information (**Do not leave blank**)

List all those in your household dependent upon your parents. 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 will be attended by any household member during 2023-2024 school year.

Full Name	Age	Relationship	College	Elementary/High School	Parents contribution

SECTION B - FINANCIAL INFORMATION

- 1. If you and/or your spouse were employed during 2021 calendar year, complete the following:
 - i. Student's Employer
 2021 Income \$_____
 Work Phone _____

 ii. Spouse's Employer
 2021 Income \$______
 Work Phone ______

 - iii. Other 2021 untaxed Income and Benefits \$
- 2. Parents Information

 - i. Father's Employer
 2021 Income \$_____
 Work Phone _____

 ii. Mother's Employer
 2021 Income \$_____
 Work Phone ______

 iii. Other 2021 untaxed Income and Benefits \$______

 Work Phone _______

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 \triangleright **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 \triangleright REQUIRED BY SCHOLARSHIP OFFICE.
- I UNDERSTAND I MUST REAPPLY FOR FINANCIAL AID EACH YEAR AND THAT IT IS MY RESPONSIBILITY TO OBTAIN \triangleright THE REQUIRED DOCUMENTATION 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.

Revised 05/31/2023