



# 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, 2024 to June 30, 2025**.

\_\_\_\_\_, \_\_\_\_\_  
Last name First name Middle Date of Birth U.S. Social Security No. \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Municipality \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_  
Current Address: P.O. Box City State zip code Phone No. \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_  
Student's E-Mail Address: P.O. Box City State zip code Gender: Male \_\_\_ Female \_\_\_

Marital status: Single \_\_\_ Married \_\_\_ Separated \_\_\_

Parents' marital status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced/Widowed \_\_\_

### SECTION A - STUDENT'S GENERAL INFORMATION

1. Student Admission Status: New \_\_\_ Continuing \_\_\_ College Transfer \_\_\_ Readmitted \_\_\_  
i. If readmitted, please indicate semester and year last attended \_\_\_\_\_
2. Are you a high school graduate? Yes \_\_\_ No \_\_\_ GED holder? \_\_\_ Yes \_\_\_ No \_\_\_ Other? \_\_\_\_\_  
Specify \_\_\_\_\_
3. While a student, where will you live: Parents \_\_\_ Relative \_\_\_ Own Home \_\_\_ Residence Hall \_\_\_
4. Degree/Certificate Program. \_\_\_\_\_ Expected Graduation Date (mo./ yr.) \_\_\_\_\_  
(major)
5. During the 2024-2025 school year, you request financial aid for the following:  
Fall 2024 \_\_\_ Spring 2025 \_\_\_ Summer 2025 \_\_\_
6. Type(s) of Aid requested: FSEOG \_\_\_ FEDERAL Work Study \_\_\_ Institution aid \_\_\_
7. Grade level for school 2024-2025: Freshman \_\_\_ Sophomore \_\_\_ 3rd Year \_\_\_ 4th Year \_\_\_
8. If you have previously attended any other college, list below the college(s) that you have attended. Begin with college you attended most recently.  
i. Name of college \_\_\_\_\_ Address, City, State \_\_\_\_\_  
ii. From (mo./ yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_ Date Graduated (mm/dd/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 2024-2025 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 2022 calendar year, complete the following:

- i. Student's Employer \_\_\_\_\_ 2022 Income \$ \_\_\_\_\_ Work Phone \_\_\_\_\_  
ii. Spouse's Employer \_\_\_\_\_ 2022 Income \$ \_\_\_\_\_ Work Phone \_\_\_\_\_  
iii. Other 2022 untaxed Income and Benefits \$ \_\_\_\_\_

2. Parents Information

- i. Father's Employer \_\_\_\_\_ 2022 Income \$ \_\_\_\_\_ Work Phone \_\_\_\_\_  
ii. Mother's Employer \_\_\_\_\_ 2022 Income \$ \_\_\_\_\_ Work Phone \_\_\_\_\_  
iii. Other 2022 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

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 11/21/2024