



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, 2025 to June 30, 2026**.

_____	_____	_____	_____	_____
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 ___ Divorced/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 2025-2026 school year, you request financial aid for the following:
Summer 2025 ___ Fall 2025 ___ Spring 2026 ___
- Type(s) of Aid requested: FSEOG _____ FEDERAL Work Study _____ Institution aid _____
- Grade level for school 2025-2026: 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 (**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 2023 calendar year, complete the following:

- i. Student's Employer _____ 2023 Income \$ _____ Work Phone _____
ii. Spouse's Employer _____ 2023 Income \$ _____ Work Phone _____
iii. Other 2023 untaxed Income and Benefits \$ _____

2. Parents Information

- i. Father's Employer _____ 2023 Income \$ _____ Work Phone _____
ii. Mother's Employer _____ 2023 Income \$ _____ Work Phone _____
iii. Other 2023 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 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

SECTION C – STATEMENT OF EDUCATIONAL PURPOSE

- I UNDERSTAND AND AGREE THAT FINANCIAL ASSISTANCE I WILL RECEIVE MAY BE USED SOLELY FOR EDUCATIONAL RELATED EXPENSES AND TO PAY THE COST OF ATTENDING COM-FSM

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