

**KOSRAE BACCALAUREATE DEGREE INITIATIVE
FINANCIAL ASSISTANCE
APPLICATION FORM**

INSTRUCTIONS

Fill in all the parts of this application Form. If any items require additional space, simply refer to Part F, which is provided for responses that require extra space. Provide all necessary documents and attach them to this application form. All forms must be signed before sending to the Scholarship Committee of the Kosrae Baccalaureate Degree Initiative, Congress of FSM Kosrae Delegation Office. Use typewriter or black ink pen to write in this application; computer scanned copies are acceptable. Please write clearly and legibly to avoid unnecessary delays. Submit the completed application to: CFSM KOSRAE DELEGATION OFFICE, Administrative Officer, PO Box 257, Kosrae, FM 96944.

The supporting documents that should accompany this application are; 1) an acceptance letter from your prospective institution or proof of attendance, 2) an original copy of your transcripts, 3) a copy of the photo page of your passport, and 4) three (3) letters of reference which will be sent directly to the CFSM Kosrae Delegation Office, attention: Scholarship Committee Chairman.

PART A

1. TYPE OF ASSISTANCE REQUESTED:

Undergraduate Baccalaureate Degree Scholarship

2. APPLICANT'S NAME:

3. SEX

M

F

4. DATE OF BIRTH

____/____/____
mm dd yr

5. CITIZENSHIP:

FSM

FSM & USA

OTHERS: _____

6. APPLICANT'S MAILING ADDRESS:

7. CURRENT RESIDENCY:

8. LEGAL RESIDENCY:

1. SOCIAL SECURITY NUMBER

FSM:

US:

10. TELEPHONE NO.

11. EMAIL ADDRESS

PART B

1. APPLICANT'S LEGAL GUARDIAN'S NAME:

2. RELATIONSHIP TO YOU:

3. CURRENT RESIDENCY:

4. ADDRESS OF LEGAL GUARDIAN:

5. TELEPHONE:

7. NO. IN HOUSEHOLD:

6. EMAIL:

8. GUARDIAN EMPLOYED: YES NO

If yes, state occupation:

9. PLACE OF WORK:

10. INCOME:

Per annum \$

FINANCIAL ASSISTANCE APPLICATION

PART C

1. PERIODS OF STUDY: Quarter Full-time Student Fall Winter
Mark appropriate boxes Semester Part-time Student Spring Summer

2. EXPECTED DATE TO BEGIN STUDY:

3. NAME AND ADDRESS OF INSTITUTION ACCEPTING APPLICANT:

4. MAJOR / MINOR

5. EXPECTED DATE OF COMPLETION:

6. PROOF OF ADMISSION:
 Letter of admissions or acceptance.
 I-90 Form Enclosed
 Other proof.

PART D

| | | | |
|---|-----------------------|----------------------------|--|
| 1. NAME AND ADDRESS OF SCHOOL LAST ATTENDED | | 2. DATE OF GRADUATION: | 3. CUMULATIVE GRADE POINT AVERAGE: _____ |
| LIST AT LEAST THREE INSTITUTIONS LAST ATTENDED, IF MORE THAN ONE. <i>(Secure transcripts and letters from each of the institutions)</i> | | | 4. NUMBER IN CLASS AND RANK: |
| NAME & LOCATION OF INSTITUTION: | DATE(S) OF ATTENDANCE | DEGREE (S) OR CREDIT HOURS | MAJOR / MINOR |
| | | | |
| | | | |
| | | | |

PART E

| ESTIMATED SCHOOL COST OF ATTENDANCE PER YEAR (COST BREAKDOWN) | | | |
|---|----|--------------------------|----|
| 1. Tuition and Fees: | \$ | 5. Room and Board: | \$ |
| 2. Transportation: | \$ | 6. Textbooks & Supplies: | \$ |
| 3. Extra Curricular Activities: | \$ | 7.SUB-TOTAL: | \$ |
| 4. Insurance: | \$ | 8. Others: | \$ |
| | | 9. GRAND TOTAL: | \$ |

OTHER FINANCIAL AWARDS (Scholarship, loan, & others) AND SOURCES.

NOTE: The applicant must list all of his or her sources & amount of financial assistance and enter below:

| | | | |
|--------------------------|---------------------|------------|-----------------|
| 1. Name/Title of Awards: | 2. Name of Sources: | 3. Amount: | 4. Fiscal Year: |
| | | | |
| | | | |
| | | | |

CERTIFICATION: *I, the **Director of Financial Aid** or my designee, hereby certifies that the costs of attendance and the financial assistance provided in this application are true.*

| | | |
|-----------------|-----------|-------|
| _____ | _____ | _____ |
| Print Your Name | Signature | Date |
| _____ | | |
| Title | | |

**INSTITUTIONAL
SEAL**

| | | | |
|----------|---------------|---------|--------|
| Address: | Telephone No. | Fax No. | Email: |
| | | | |

PART F

EDUCATIONAL GOAL: Describe your educational goals or ambitions, and explain why the field you are pursuing is important and how this will impact your community. Be brief and concise. Indicate whether or not you will return to the FSM/Kosrae immediately following your graduation or not. Use additional sheet if necessary.

STUDENT CERTIFICATION: *I hereby certify that the information and supporting documents provided herein are true and correct to the best of my knowledge and belief.*

APPLICANT'S SIGNATURE:

DATE:

SCHOOL OFFICIAL/COUNSELOR'S SIGNATURE: (If applicable).

DATE:

In receipt of this application and supporting documents:

Name: _____

Date: _____

Missing supporting documents: 1. _____ 2. _____

3. _____ 4. _____

Part G

Kosrae Baccalaureate Degree Initiative Agreement

Scholarship Committee
CFSM Kosrae Delegation Office
P.O. Box 527
Kosrae, FM 96944

In accepting a Kosrae Baccalaureate Degree Initiative award, I commit myself to and agree as follow:

1. I pledge that I will not change the major field of study for which I was initially awarded a scholarship. If I change my major to a non-priority field, my eligibility for scholarship will be terminated.
2. I pledge that I will complete the course of study within the prescribed period of study for the field of major for which I was awarded a scholarship.
3. I pledge that I will carry a full-time load for every semester of my studies. (Full-time load is 12 credits).
4. I pledge that at the end of each quarter/semester, I will provide an original, certified copy of my transcript of records to the CFSM Kosrae Delegation Office, Scholarship Committee showing a GPA of 2.50 or above on a 4.0 scale.
5. I pledge to return to the FSM to provide services in my field of specialty for at least 1 year for every year that I was on scholarship. If I opted to work abroad after completion of my studies or the lack thereof, I will pay 50% of the total amount I received in scholarships back into this scholarship fund account.
6. I pledge that while receiving awards for this scholarship fund, I am obligated to follow the rules set forth by my mentor and advisors and with all my effort progress academically in my studies.
7. I pledge that if I failed to meet conditions 1-6 above, I shall return to the scholarship fund account the full amount that I received in scholarship for my education

Scholarship Recipient: After reading, understanding and committing to the above conditions, kindly sign your part, have your witness sign her or his part and send this with your application to the address shown above.

Print Name

Signature

Date

Witness:

Print Name

Signature

Date

Relationship to applicant

Job title/employer

(Form is adapted from Application FSM Scholarship Program on 10/17/07)

