



CHUUK STATE SCHOLARSHIP BOARD

Student Services Office

P. O. BOX 904

Weno, Chuuk State FSM 96942

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Inception Ruben
Chairman

Dorina Fred
Vice Chairman

Siena Heldart
Secretary

Berita Marsolo
Treasurer

Imeina Graham
Member

Joyce Y. Otoko
Student
Coordinator

Date: Jan. 04, 2016

To:

Financial Aid Office
Kapiolani Comm. College
4303 Diamond Head Road
Honolulu, Hawaii 96817

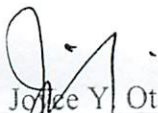
From : Scholarship/Student Services Office
Chuuk State, FSM 96942

Subject : Chuuk Scholarship Application for SY'2016-2017

Attached herewith for your information are copies of the Chuuk State Scholarship Applications for school year 2016-17. Kindly make more copies and disseminate to each and every Chuukese students attending your institution.

Thank you for your understanding and assistance.

Sincerely,


Joyce Y. Otoko
Scholarship Program Specialist

KAPIOLANI CC
KISC

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Student Services Office
P O Box 904
Tel: 330-2190/5290
Email: chuukscholarship@gmail.com

Application Form
for
CHUUK STATE SCHOLARSHIP PROGRAMS
SY' 2016-2017

INSTRUCTION: This form is to be used by students needing financial Aid to pursue studies in accredited Post-Secondary institution abroad. It is required that this form be considered complete with the following attachments: A) A Certified Copy of applicant's most recent transcript or Grade report. B) Copy of Acceptance Letter by the institution for new student. C) The application must be reviewed and certified by the school official and be sealed with the school seal. D) Applications have to be postmarked by June 30th for consideration.

Section A: Personal Information

1. Last Name			First Name		Middle Name	2. Social Security Number	
3. Current Mailing Address					4. Permanent Mailing Address		
Telephone: Email:					Telephone:		
5. Sex	6. Date of Birth	7. Age	8. Place of Birth		9. Citizenship (Island & State)		10. Marital Status: Single / / Married / / Widowed / / Separated / / Divorced / /
11. If married, name of spouse		12. Number of your dependents			13. Name & Address of person to be contacted in case of emergency:		
14. Parents are: Married / / Separated / / Divorced / / Widowed / /		Father alive?	Name of Father		Age	15a. Number of parent's dependents:	
		Mother alive?	Name of Mother		Age	b. No. of dependents attending college including applicant:	

Section B: Educational Information

16. High school graduated from/year graduated:		17. Date by which you plan to enroll	18. Name/address of coll. Attending/to attend:
19. Degree now being sought: AA/AS / / PhD, MD, JD, etc. / / BA/BS / / Professional Cert. / / MA/MS / / Other / /		20. Field of Study	22. College standing at time finance aid will be used: Freshmen / / Senior / / Sophomore / / Grad. / / Junior / / Post Grad. / /
		21. Expected date of graduation	

Section C: Income/Earnings

23. Parents		Students
a. Annual Income Earned: Father \$	_____	Student: \$ _____
b. Annual Income Earned: Mother \$	_____	Spouse: \$ _____

The deadline for submission is: June 30, 2016

Section D: EDUCATIONAL EXPENSES

24. / / Per Academy Year / / One term only (specify) _____

25. Student tuition: / / Resident / / Non-resident / / n/a	
26. Test fees: Application fees, library fees, student body fees, etc. as required by the college.	
27. Books, school, and laboratory supplies	
28. Room and board for _____ months (specify) / / dormitory / / off-campus / / living with family	
29. Health Insurance	
30. Miscellaneous personal expenses: (e.g. clothing, pocket money, uniforms, etc...)	
31. Transportation expenses- Describe:	
32. TOTAL EDUCATION EXPENSES:	
33. Are there any special circumstances the Scholarship Board should be aware of?	

Section E: FINANCIAL RESOURCES

34. Pell Grant	
35. Supplemental Educational Opportunity Grant (SEOG)	
36. College Work-study Program	
37. Scholarship Grant awarded by College (identify):	
38. Other scholarship award (identify)	
39. Parental Support	
40. Student own resources	
41. Spouse's support	
42. Loans (identify):	
43. Others (identify):	
44. TOTAL FINANCIAL RESOURCES	

Section F: FINANCIAL NEED (subtract E from D).....

I HEREBY APPLY FOR FINANCIAL ASSISTANCE TO HELP MEET MY EDUCATIONAL EXPENSES ONLY. I HAVE APPLIED FOR FINANCIAL AID FROM U.S. FEDERAL PROGRAMS AND FROM OTHER INSTITUTIONAL PROGRAMS FOR WHICH I AM ELIGIBLE. I HEREBY DECLARE THAT EVERYTHING ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND MY OBLIGATIONS TO FOLLOW THE PROGRAM PROCEDURES AND REGULATIONS.

Signature of Applicant: _____ Date: _____

CERTIFICATION: to be signed by the counselor, advisor, or financial aid officer who assisted in the preparation of this application.

I HAVE REVIEWED THIS FORM WITH THE APPLICANT AND BELIEVED THAT THE INFORMATION IS COMPLETE AND ACCURATE. THE APPLICANT IS IN GOOD STANDING AND ACCEPTED FOR ADMISSION TO THE ACCREDITED POST SECONDARY INSTITUTION WHICH HE OR SHE IS ELIGIBLE TO RECEIVE FUNDING.

Signature : _____ Official Seal Date: _____