



REPUBLIC OF THE MARSHALL ISLANDS

**Scholarship, Grant, and Loan Board** [ ] Academic Year 20\_\_ 20\_\_

Post Office Box 1436

[ ] Summer 20\_\_

Majuro, MH 96960

Tel.: (692) 625-3108/5770 • Fax: (692) 625-7325 [ ] One Term only \_\_\_\_\_

# APPLICATION FOR STUDENT FINANCIAL AID

- This form is for legal citizens of the Republic of the Marshall Islands to apply for financial assistance from the Marshall Islands Scholarship, Grant, and Loan Board to attend an accredited postsecondary education institution on a full-time basis.
- Please TYPE or PRINT with a ballpoint pen clearly. Complete all items, indicating n/a (not applicable) in those blanks which do not apply to you.
- All students attending colleges in the USA must apply for Federal Student Financial Aid Programs by submitting the FAF (Financial Aid Form.), available from any college financial aid office, to the College Scholarship Service by the deadline indicated.
- **NEW APPLICANTS** must attach (1) an official copy of your most recent high school or college transcript, (2) a score from the TOEFL test, (3) two letters of reference, (4) a personal essay describing your education and career goals, (5) a Letter of Acceptance from the college you have applied to attend, and (6) a Financial Aid Award Letter from the college's Financial Aid Office, (7) Check Stub — Spouse (married) Parent (single).
- **ON-GOING STUDENTS** must attach to this application (1) an official copy of your most recent college transcript, and (2) a Financial Aid Award Letter from the college's Financial Aid Office. Any change in your field of study or the college you wish to attend must be requested in writing.
- The application and all supporting documents must be submitted by the established deadlines submitted by the established deadlines. revised 7/01

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>NICKNAME</b>	<b>SOCIAL SECURITY NUMBER</b>
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<b>CURRENT MAILING ADDRESS</b>	<i>Please inform the Scholarship Office when you move or change your address or telephone number.</i>
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<b>COUNTRY</b>	<b>SEX</b>	<b>DATE OF BIRTH</b> (month / day / year)	<b>AGE</b>	<b>TELEPHONE #</b>	<b>PLACE OF BIRTH</b>	<b>NAME OF HIGH SCHOOL</b>	<b>DATE GRADUATED</b>	<b>MARITAL STATUS</b> [ ] Single [ ] Married [ ] Widowed, Divorced, Separated
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<b>IF MARRIED, NAME OF HUSBAND OR WIFE</b>	<b>NAMES AND AGES OF CHILDREN LIVING WITH YOU</b>
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<b>NAME AND ADDRESS OF COLLEGE</b>	<b>DEGREE NOW BEING SOUGHT</b> [ ] AA/AS [ ] PhD, MD, JD, etc. [ ] BA/BS [ ] Professional Certificate [ ] MA/MS [ ] Other _____	<b>COLLEGE STANDING AT TIME AWARD WILL BE USED</b> [ ] Freshman [ ] Sophomore [ ] Junior [ ] Senior [ ] Post-Graduate
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<b>FIELD OF STUDY</b>	<b>EXPECTED DATE OF GRADUATION</b>	<b>DATE BY WHICH FINANCIAL AID IS REQUIRED</b>
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<b>PARENTS ARE...</b> [ ] Married [ ] Separated [ ] Divorced [ ] Widowed	<b>FATHER ALIVE?</b>	<b>NAME OF FATHER</b>	<b>AGE</b>	<b>EMPLOYER</b>	<b>ANNUAL INCOME</b> <i>include all sources</i>
	<b>MOTHER ALIVE?</b>	<b>NAME OF MOTHER</b>	<b>AGE</b>	<b>EMPLOYER</b>	<b>ANNUAL INCOME</b> <i>include all sources</i>

<b>NAMES AND AGES OF CHILDREN ATTENDING ELEMENTARY OR SECONDARY SCHOOL</b>	<b>NAMES AND AGES OF OTHER CHILDREN ATTENDING COLLEGE</b>
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**LIST FINANCIAL RESOURCES AVAILABLE TO STUDENT DURING THE PERIOD FOR WHICH FINANCIAL AID IS REQUESTED:**

\$ \_\_\_\_\_ Savings, Dividends, Interest, etc.

\$ \_\_\_\_\_ Employment during school year (not including college work-study program employment)

\$ \_\_\_\_\_ Government salary earned while on Educational Leave

\$ \_\_\_\_\_ Compensation payments (include Kwajalein Land Payments, Section 177 Nuclear Victims Compensation, etc.)

\$ \_\_\_\_\_ Income earned by husband or wife

\$ \_\_\_\_\_ Others — Describe:

**ARE THERE ANY SPECIAL CIRCUMSTANCES THE SCHOLARSHIP BOARD SHOULD BE AWARE OF?**

**FINANCIAL INFORMATION:** New applicants must obtain the help of a counselor or teacher to fill this section out. Renewing students must have this section reviewed and approved by an official in the Financial Aid Office of the college to be attended.

**ANTICIPATED EDUCATIONAL EXPENSES** [ ] Per Academic Year [ ] One Term Only (*specify*) \_\_\_\_\_ [ ] Summer Only

Student tuition: [ ] Resident [ ] Non-Resident [ ] N/A	\$
Test fees, application fees, Library fees, Lab fees, Student Body fees, etc. as required by the college	\$
Books, school, and laboratory supplies	\$
Room and board for _____ months*	\$
Health insurance <i>The Scholarship Board requires all students to purchase appropriate health insurance.</i>	\$
Miscellaneous personal expenses (e.g., clothing, pocket money, uniforms, entertainment, etc.)	\$
Local transportation expenses-Describe:	\$
*Briefly describe your living situation at college (e.g., dormitory, off-campus apartment, living with family, number of roommates, eat at cafeteria, etc.)	<b>TOTAL</b> \$

**ANTICIPATED FINANCIAL EXPENSES** [ ] Per Academic Year [ ] One term only (*specify*) \_\_\_\_\_ [ ] Summer Only

U.S. Federal Student Aid:	Pell Grant	\$
	Supplemental Educational Opportunity Grant (SEOG)	\$
	College Work-Study Program award (Number of hours of work per week: _____ )	\$
Scholarship/Grant awarded by College – Describe:		\$
Scholarship awarded by Chamber of Commerce, religious group, etc. – Describe:		\$
Parental support <i>The Scholarship Board expects most families to be able to provide a reasonable amount of support.</i>		\$
Student's personal assets (from other side)		\$
Others – Describe:		\$
<b>TOTAL</b>		\$

**Financial assistance needed (A minus B):** \$

I hereby apply for financial assistance from the Marshall Islands Scholarship, Grant, and Loan Board to help meet *educational expenses only*. I am a citizen of the Republic of the Marshall Islands. I have applied for financial aid from U.S. Federal programs and from all other institutional programs for which I am eligible. Everything on this application is true and complete to the best of my knowledge. I understand that any financial assistance awarded to me may be in the form of a loan, repayable in accordance with applicable MISGLB procedures and regulations.

*Signature of Applicant:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Signature of Parent (for dependant only):* \_\_\_\_\_ *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 believe that the information is complete and accurate. The applicant is in good standing and accepted for admission to the accredited postsecondary institution indicated. The applicant has applied for aid to Federal and institutional financial assistance programs from which he or she is eligible to receive funding.

*Signature :* \_\_\_\_\_

*Title:* \_\_\_\_\_



*Date:* \_\_\_\_\_