

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**.

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Last name	First nam	ne Mido	dle Date of	f Birth		U.S. Social Sec	urity No.
Permanent Address	s:					Municipality _	
Current Address: _	P.O. Box	City		zip code		Phone No	
Student's E-Mail Ad	P.O. Box ddress:	City	State	zip code		Gender: Male_	Female
Marital status: Sing	gle Marrie	d Sepa	rated				
Parents' marital sta							
	SECTI	ION A - S	TUDENT'S G	GENERAL INFOR	RMATION		
1. Student Admission	on Status: Ne	w0	Continuing	College Transf	er Read	dmitted	
i. If readmitted,	please indicat	te semeste	er and year last	attended			
2. Are you a high so	chool graduat	e? Yes	No GED h	nolder? Yes _	No Oth	er?	
3. While a student,	where will yo	ou live: Par	ents Rela	tive Own Hor	me Reside	Specify nce Hall	
4. Degree/Certifica	te Program			Expected Grad	luation Date (m	no./ yr.)	
5. During the 2024- Fall 2024 S		year, you r		al aid for the follo	wing:		
6. Type(s) of Aid re	quested: SEG	SEC	Work Study _	Institution a	id		
7. Grade level for se	chool 2024-20	025: Fresh	man Soph	omore 3rd Yea	ar 4th Year_		
8. If you have previ	•	ed any oth	er college, list	below the college((s) that you hav	ve attended. Begin w	vith college you
i. Name of college_				_Address,City,State	e		
ii. From (mo./ yr.) _		Го (mo./yr	.)	Date Graduated(m	nm/dd/yyyy)		
iii. Degree Earne	ed:						

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a	Family	Information	(Do not	laava h	lank)
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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

	oloyed during 2022 calendar year, c		
i. Student's Employer ii. Spouse's Employer	2022 Income \$	Work Phone	
iii. Other 2022 untaxed Income and	2022 Income \$! Renefits \$	work Phone	
m. Other 2022 untaxed meome and	2 Deficites \$		
2. Parents Information			
i. Father's Employer	2022 Income \$	Work Phone	
i. Father's Employer ii. Mother's Employer	2022 Income \$	Work Phone	
iii. Other 2022 untaxed Income and	Benefits \$		
I certify that the above information is t indicated above. I also realize that if I c	,	· .	rify the information
indicated above. I also realize that if I of RELEASE: ➤ I UNDERSTAND THAT FINANCE ➤ I UNDERSTAND THAT WHILE A	lo not give proof as requested, I ma	· .	, NAL RELATED EXPENSES OT BE QUALIFIED FOR
indicated above. I also realize that if I of RELEASE: ➤ I UNDERSTAND THAT FINANCE ➤ I UNDERSTAND THAT WHILE A	lo not give proof as requested, I ma	y be denied financial aid. Y BE USED SOLELY FOR EDUCATION CIRCUMSTANCES WHICH I MAY NO	IAL RELATED EXPENSES DT BE QUALIFIED FOR
indicated above. I also realize that if I concerns the second realize	lo not give proof as requested, I ma IAL ASSISTANCE I WILL RECEIVE MA ATTENDING COM-FSM, UNDER ANY ALL TAKE THE FULL RESPONSIBILITY	y be denied financial aid. Y BE USED SOLELY FOR EDUCATION CIRCUMSTANCES WHICH I MAY NO	IAL RELATED EXPENSES OT BE QUALIFIED FOR ENSES ARE FULLY
indicated above. I also realize that if I concerns the second of I conc	Io not give proof as requested, I ma	y be denied financial aid. NY BE USED SOLELY FOR EDUCATION CIRCUMSTANCES WHICH I MAY NO TO ENSURE THAT MY SCHOOL EXPE	IAL RELATED EXPENSES OT BE QUALIFIED FOR ENSES ARE FULLY RADES REQUIRED BY

Revised 04/11/2024