



Phone: 670-664-4750
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 Website: www.cnmscholarship.com
 Email: cnmieap@cnmscholarship.com

Scholarship Office

Caller Box 10007
 Saipan, MP 96950

2009/2010 Academic Year Certified Cost of Attendance:
 applicable)

(Fall, Winter, Spring and Summer if applicable)

PERSONAL INFORMATION: To be completed by STUDENT		Social Security No:
Name: (Last, First MI)		
Mailing Address:		City/State/Zip
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorce		Date of Birth:
Name of Institution Attending:		
ESTIMATED FINANCIAL AID ASSISTANCE (TFAA) FOR THIS ACADEMIC YEAR To be completed by INSTITUTIONS FINANCIAL AID		AMOUNT
1. Federal Pell Grant		\$
2. Saipan Higher Educational Financial Assistance (SHEFA)		
3. Tinian Municipal Scholarship		\$
Other Financial Resources,; Please List (Excluding Loans, and Work Study		\$
4.		
5.		\$
6.		\$
Total Financial Aid Assistance		\$
ESTIMATED EDUCATIONAL EXPENSES (TEE) FOR THIS ACADEMIC YEAR		AMOUNT
Application/Testing Fees		\$
School Tuition Fees		\$
Lab Fees		\$
Books		\$
Room & Board		\$
Insurance		\$
Transportation		\$
Personal Expense		\$
Other School Expense not included		\$
Total Educational Expenses		\$
Total Unmet Need (subtract TEE from TFAA)		\$

The Institution Financial Aid Office Certifies the information given above is true and complete to the best of their knowledge.

Cost of Attendance includes break (Holiday, Spring Break, etc.) YES NO

COAF 1006R3 masg

 Institution Financial Aid Counselor Name & Signature:

 Date: