



2009-2010 APPLICATION

Scholarship Office

You must indicate the type of financial aid you are applying for:

Caller Box 10007
Saipan, MP 96950

Phone: (670) 664-4750
Fax: (670) 664-4759

Educational Assistance Program (Grant)

Email: cnmicap@cnmischolarship.com
Website: www.cnmischolarship.com

Pls. check mark your current application status: NEW ONGOING RETURNING

APPLICANT DATA (Please be sure to update our office with your current address.)

Last:	First:	MI:	Social Security:
Mailing Address:			Citizenship:
City, State & Zip:			Gender: <input type="radio"/> Male <input type="radio"/> Female
Contact No. 1:	Contact No. 2:		
Email Address:	Active CNMI Voting Affidavit No.:		
Date of Birth:	Birthplace:	Ethnicity:	
Permanent CNMI Address: City, State & Zip:			Village Residing:
Permanent CNMI Resident?			Have you been residing in the CNMI continuously for the past 2 Years (2007 and 2008)? <input type="radio"/> Yes <input type="radio"/> No
Name & Address of Parents/Guardians:			
Mother's Name/Address:		Father's Name/Address:	
INSTITUTIONAL INFORMATION			
Major/Field of Study:			
Name of Institution you plan to attend:			
<input type="radio"/> Onsite <input type="radio"/> Online (online only applies to on island applicants)			
Calendar Year: <input type="radio"/> Semester <input type="radio"/> Quarter			
Class Level: <input type="radio"/> Freshman <input type="radio"/> Sophomore <input type="radio"/> Junior <input type="radio"/> Senior			
Degree Pursuing: <input type="radio"/> Certificate <input type="radio"/> Associates <input type="radio"/> Baccalaureate <input type="radio"/> Masters			
Pls. Specify Date of Expected Graduation (Month & Year):			
Are you a High School graduate? Circle Yes or No			
Name of High School Attended:		High School Graduation Date:	
OTHER INSTITUTION (S) ATTENDED			
Name of Institution:	Degree Obtained (if any)		Year
1.			
2.			

Release of Information: Information provided will be kept confidential.

Pls. read and check box for authorization

For the sole purpose of Employment or Financial Opportunities: I am authorizing the Scholarship Office to release my name, mailing address, email, field of study, Institution attending and date of graduation.

I further release from any and all liability the Scholarship Office and it's agents, representatives, and assignees for furnishing such documents and information to potential financial assistance agencies, employers and their employees, agents, representatives, and assignees for using such documents and information. The Scholarship Office agrees that it will not provide any personal or private information outside of the information it receives as part of this program to anyone.

CERTIFICATION: I certify that all information provided above is true and complete to the best of my knowledge. If requested by an authorized official, I agree to provide proof of information stated on this form. I understand that if I fail to provide documents asked or falsify any information provided, I will not receive financial assistance. I also authorize the Scholarship Office to request and or obtain necessary information from other agencies related to my financial aid application.

Signature of Applicant: _____

Date: _____

**For file review or check pick up: Authorized Person 1:
Authorized Person 2:**

**Contact No.:
Contact No.:**

Educational Assistance Program Requirements

<u>New Applicants</u>	<u>Ongoing Applicants</u>	<u>Returning Applicants</u>
Important: Deadline for application only, is December 15th, 2009. Supporting documents must be submitted at the SAME TIME no later than February 28th, 2010.		
__ 2009 2010 Application	__ 2009 2010 Application	__ 2009 2010 Application
__ Acceptance Letter into US Accredited Institution	__ Acceptance Letter into US Accredited Institution (for transfer students)	__ Acceptance Letter
__ Official Transcript (Most recent)	__ Official Transcript (Most recent)	__ Official Transcript (Most recent & terms awarded)
__ Class Schedule	__ Class Schedule	__ Class Schedule
__ Copy of Passport/ Birth Certificate	*Note: Other documents may be requested.	__ Proof of CNMI residency for 2007 and 2008
__ Proof of CNMI residency for 2007 and 2008 *		

*CNMI 1040 forms, Employment Verifications, Official Transcripts, Certification of Movement from Dept. of Immigration

TIPS

- Please make copies of your documents before submitting so our staff can stamp with the date and name of person receiving packages.
- Completed and signed applications are reviewed in the order they were received; Applications will not be reviewed unless supporting documents are complete.
- You may pick up the 2009 2010 Memorandum of Agreement/Promissory Note at our office or you may download it from our website.
- Your check will not be released until we have received all requested documents and your signed and notarized Memorandum of Agreement/Promissory Note.
- Your status will be posted on our website with only your Social Security No. to identify you. [This information will be updated every week beginning August 17th, 2009.
- Please remember, it is very important that you update our office of any changes in contact information or academic status.