

## CNMI SCHOLARSHIP OFFICE

Caller Box 10007  
 Saipan, MP 96950  
 Telephone No.: 670-664-4750  
 Fax No.: 670-664-4759  
[www.cnmischolarship.com](http://www.cnmischolarship.com)

Email: [cnmieap@cnmischolarship.com](mailto:cnmieap@cnmischolarship.com)

## CNMI SCHOLARSHIP OFFICE

**(Only for PL 14-37 Applicants and Recipients)**  
**2011/2012 Academic Year Certified Cost of Attendance**

|   |                      |
|---|----------------------|
| <b>Personal Information:</b> To be completed by student.  | Social Security No.: |
| Name: (Last, First MI)  | Mailing Address:     |
| Marital Status:<br>Single __ Married __ Divorce__   | Date of Birth:       |
| Name of Institution Currently Attending:<br>Calendar Year:    Semester ____ Quarter ____  |                      |
| <b>TOTAL ESTIMATED FINANCIAL AID ASSISTANCE (TFAA) FOR THIS ACADEMIC YEAR:</b> To be completed by Institutions Financial Aid Office | <b>Amount:</b>       |
| 1. Federal Pell Grant   | \$                   |
| 2. Saipan Higher Educational Financial Assistance (SHEFA)   | \$                   |
| 3. Tinian/Rota Municipal Scholarship  | \$                   |
| Other Financial Resources: Pls. List (Excluding Loans and Work Study)   | \$                   |
| 4.  | \$                   |
| 5.  | \$                   |
| 6.  | \$                   |
| Total Financial Aid Assistance  | \$                   |
| <b>TOTAL ESTIMATED EDUCATIONAL EXPENSES FOR 2011/2012 ACADEMIC YEAR (TEEE)</b>  | <b>Amount:</b>       |
| 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)   | \$                   |
|   |                      |

\*All documents received by the Scholarship Advisory Board are subject to verification from the Institution and sources from which it came. The applicant and his or her family or authorized representative(s) are individually responsible for the integrity of such documents. Recipients and the authorized representative who submit documents that are false or tampered in any way(s) will result in the recipient immediate and permanent removal from any Scholarship program administered by Scholarship Advisory Board. Documents include but are not limited to application, supporting documents, grade reports, transcript(s), cost of attendance, etc.

**ACKNOWLEDGMENT:** To the best of my knowledge, the above information is true and accurate.

Name of Recipient (print):

Recipient Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Cost of Attendance include breaks (Holiday, Spring Break, etc.) Yes\_\_\_ No\_\_\_

\_\_\_\_\_

Institutions Financial Aid Counselor Name & Signature:

\_\_\_\_\_

Date: