



MARSHALL ISLANDS Scholarship, Grant and Loan Board

P.O. Box 1436
Majuro, MH 96960
(692) 625-3108 / 5770
misglb@pss.edu.mh
www.misglb.com

APPLICATION FOR STUDENT FINANCIAL ASSISTANCE

— Undergraduate —

Please mark your current application status:

New Ongoing Returning

Academic Year 20__ - 20__

Fall 20__ Winter 20__ Spring 20__ Summer 20__

Section A: Personal Information

1. Full Name:		2. Date of Birth:		3. Age:		4. Gender:	
5. Place of Birth:		6. Home Atoll:		7. Social Security Number (US & RMI):		8. Kwajalein Resident or Landowner: <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Current Mailing Address: Phone: (____) ____ - ____				10. Permanent Mailing Address: Phone: (____) ____ - ____			
**Note: Please inform the Scholarship Office when you move or change your Address, Phone Number or Email.							
11. Personal Email:				12. School / Business Email:			
13. Martial Status:				14. If Married, Name of Husband or Wife::			
15. Name & Ages of Children living with you:				16. Person to Contact in case of Emergency: Name: _____ Relationship: _____ Phone: (____) ____ - ____ Email: _____			
17. Parents: <input type="checkbox"/> Married <input type="checkbox"/> Seperated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Name of Father:		Jowi:	Alive?	Employer:	Annual Income:	
	Name of Mother:		Jowi:	Alive?	Employer:	Annual Income:	
	Name of Guardian:		Jowi:	Alive?	Employer:	Annual Income:	

Section B: Educational Information

18. Name & Address of College applying to or currently enrolled at:		19. Degree now being sought: <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input type="checkbox"/> Professional Certification <input type="checkbox"/> Other: _____		20. College standing at time Financial Aid will be used: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior **Note: Must attach School Certified proof of College Level.	
21. Name & Address of any prior College, if different from above:		22. Degree Obtained (if any) / Year:		23. Field of Study: **Note: Permission must be requested to be changed.	
24. Name & Address of High School Graduated from:		25. Expected Date of Graduation:		26. Date by which Financial Aid is required:	
		27. Date of Attendance:		28. High School Graduation Date:	
**Note: Required.					

Section C: Financial Information

27. Financial Resources available to Student during the period which Financial Aid is requested:

Savings, Dividends, Interest, etc:	\$	Government Salary earned while on Education Leave	\$
Employment during School Year:	\$	Compensation Payments (include Kwajalein Land Payment, Four Atoll Scholarship, etc.)	\$
Income earned by Husband or Wife:	\$	Others (describe):	\$
Have you ever received Financial Assistance from the MISGLB before? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, please specify date:

NOTE: New Applicants must obtain the help of a school counselor or teacher to fill this section out. Renewing students must have this section reviewed and approved by the Financial Aid Office administrators.

28. Anticipated Educational Expenses: <input type="checkbox"/> Per Academic Year <input type="checkbox"/> One term (specify): _____ <input type="checkbox"/> Summer	
Student Tuition: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> 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 ____ month(s)	\$
Health Insurance: The Scholarship Board requires all students to purchase appropriate Health Insurance	\$
Miscellaneous Personal Expenses (describe):	\$
Local Transportation Expenses (describe):	\$
Airfare	\$
TOTAL EXPENSES (A)	\$
Briefly describe your living situation at college (e.g., dormitory, off-campus apartment, living with family, number of roommates, eat at cafeteria, etc.)	

Complete all sections legibly, white-out may not be accepted.

29. Anticipated Financial Expenses: <input type="checkbox"/> Per Academic Year <input type="checkbox"/> One term (specify): _____ <input type="checkbox"/> Summer	
Federal Pell Grant	\$
Scholarship / Grant awarded by College (describe):	\$
Scholarship awarded by Chamber of Commerce, Religious Group, etc. (describe):	\$
Parental Support (The Scholarship Board expects most families to be able to provide a reasonable amount of support)	\$
Student's Personal Assets	\$
Others (describe):	\$
TOTAL RESOURCES (B)	\$
30. Financial Assistance needed (A minus B)	\$
Are there any special circumstances the scholarship board should be aware of?	

Complete all sections legibly, white-out may not be accepted.

Section D: CERTIFICATION

In accordance to the Scholarship Assistance Act Sec. 102(2), I hereby apply for financial assistance from the Marshall Islands Scholarship, Grant and Loan Board to help meet my educational expenses. I certify that everything on this application is true and complete to the best of my knowledge; and by signing this application, I agree to all the terms and conditions, rules and regulations of the MISGLB Program.

Signature of Applicant: _____

Date: ____ / ____ / ____

Signature of Parents: _____
(For dependent only)

Date: ____ / ____ / ____

CERTIFICATION: To be signed by 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 post secondary 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: _____

Official Seal

Title: _____

Date: ____ / ____ / ____