

Saipan Higher Education Financial Assistance

APPLICATION FORM

- NEW** **RENEWAL**
 FALL: 20 _____ **FALL: 20** _____
 SPRING/WINTER: 20 _____ **SPRING/WINTER: 20** _____

NOTE: New & On-going recipients of SHEFA assistance must submit an application annually on the deadline, including applicants who failed to receive SHEFA assistance on the Fall or Spring/ Winter academic year.

Student Data

Last			
First		MI	
Mailing Address: City, State & Zip			
Permanent Saipan Address City, State & Zip			
Social Security	Telephone No.	Email Address	
Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Other (specify)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (Mo/Day/Yr.)		Place of Birth (City & Country)	
Permanent Saipan Resident <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been residing in Saipan continuously for the past year preceding the award? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Village Residing	Valid SPN Municipal ID #	Ethnicity <input type="checkbox"/> Chamorro <input type="checkbox"/> Carolinian <input type="checkbox"/> Other	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> No. of Dependent (s) If married, name of spouse			
Name & Address of Employer/Company Occupation Contact No.			
Applicant Spouse			
Name & Address of Parents/Guardian			
Are you or your parents receiving Housing benefits <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you or your parents have repatriation benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	

Types of Financial Aid Applying for:

<input type="checkbox"/> GRANT-IN-AID <input type="checkbox"/> SCHOLARSHIP (SLL13-21) <input type="checkbox"/> LOAN

Institution Enrollment Information

Name of High School Attended:		
High School / GED Graduation Date:		
Field of Study: _____ /Career Choice _____		
Name & Address of Institution you have been accepted/enrolled:		
Name & Address of School's Financial Aid Office		
Calendar Year	<input type="checkbox"/> SEMESTER	<input type="checkbox"/> QUARTER
Admission Status	<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> ENROLLED
Class Level	<input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATES	<input type="checkbox"/> ADVANCED DEGREE
Specify: _____		
Fall Semester/Quarter	<input type="checkbox"/> FULL-TIME ENROLLMENT	
Spring/Winter Semester/Quarter	<input type="checkbox"/> FULL-TIME ENROLLMENT	
Degree Pursuing	<input type="checkbox"/> ASSOCIATE	<input type="checkbox"/> BACCALAUREATE
	<input type="checkbox"/> MASTERS	<input type="checkbox"/> ADVANCED
Specify: Date of Graduation (Month & Year)		

Other Institution Attended

Name of Institution	Degree Obtained (if any) & Year

A. Estimated Financial Resources Information per academic year

Personal Funds (Cash, savings, etc.)	\$
Parental Support	\$
Spouse's Support	\$
Federal Pell Grant	\$
Perkins Loan	\$
National Direct Student Loan (NDSL)	\$
Federal Work-Study (FWS)	\$
Other (Specify)	\$
TOTAL Aid Available	\$

B. Estimated Educational Expenses

Testing/Application Fees	\$
School Tuition Fees	\$
Books & Supplies	\$
School Supplies	\$
Room & Board	\$
Health Insurance	\$
Personal Expenses	\$
Transportation Allowance	\$
1. Air	\$
2. Ground	\$
Career Counseling Fees	\$
Other (Specify)	\$
TOTAL Educational Expenses	\$

C. Income / Expense Ratio **\$**

Release of Information: All information provided is kept strictly confidential. Information will be released upon written authorization from the applicant.

Certification: I certify that all information provided above is true and complete to the best of my knowledge. If requested by SHEFA, I agree to provide proof of information stated on this form. I also understand that if I fail to provide the documents requested or falsify any information provided, it may result in the forfeiture of Financial Assistance pursuant to SLL 13-21.

I also authorize SHEFA to request and obtain any and all necessary information from other agencies related to my financial assistance application. Furthermore, I understand that any financial assistance is subject to availability of funds pursuant to Saipan Local Law 13-21.

Signature of Applicant

Date

Print/Signature of Parent (If Applicant is below 18 yrs.)