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|  | FSM Congressional Scholarship  **For Northwest Region Students**  **PURPOSE:** This application is created by the Fanapi Foundation ([www.fanapi.org](http://www.fanapi.org)) for college students from the Northwest Regions of Namonweito, Pafeng, and Pattiw in Chuuk State, FSM to apply for scholarships from congressional appropriations for the Northwest Election District. |

**Instruction:** 1) Fill out Sections I & II. 2) Print or email Section III to your college’s Financial Aid Office to fill out, sign, stamp, and return to you. 3) Send the completed application (Sections I – III), your essay, the most recent transcript to:

**Senator Tony Otto  
FSM Congress  
PO Box PS3**

**Palikir, FM 96941**

Section I. Student Profile

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| **A. STUDENT INFORMATION** | | | | | | | | | | | |
| Last Name | |  | | | First Name | | |  | | | |
| Email | |  | | | Telephone | | |  | | | |
| Mailing Address | |  | | | | | | | | | |
| Ainang | |  | | | Afakur | | |  | | | |
| **B. PARENTAL INFORMATION** | | | | | | | | | | | |
| **MOTHER** | | | | | **FATHER** | | | | | | |
| Full Name |  | | | | Full Name | |  | | | | |
| Island |  | | | | Island | |  | | | | |
| Ainang |  | | | | Ainang | |  | | | | |
| Afakuren |  | | | | Afakuren | |  | | | | |
| Job Title |  | | | | Job Title | |  | | | | |
| Employer |  | | | | Employer | |  | | | | |
|  | | | | | | | | | | | |
| **C. SCHOOL INFORMATION** | | | | | | | | | | | |
| College Attending | | |  | | | | | | Starting Date | |  |
| College Address | | |  | | | | | | | | |
| Major | | |  | | | Minor | | |  | | |
| Cumulative GPA | | |  | | | | | | | | |
| Degree Seeking | | |  | | | | | Expected Graduation Year | | |  |
| **D. CONFLICT OF INTEREST DISCLOSURE** | | | | | | | | | | | |
| **For the sake of transparency and to avoid conflict of interest, applicants who are related to the Congressman will be reviewed and decided on by a selection committee:**  *Are you related by blood or marriage to the current congressman? \_\_\_\_\_Yes \_\_\_\_\_\_No If yes, specify the type of relationship:* | | | | | | | | | | | |
| **STUDENT SIGNATURE** | | | |  | | | | | **DATE** |  | |
| **For Office Use Only**  Dates: \_\_\_\_\_\_\_\_\_ Submitted \_\_\_\_\_\_\_\_\_\_Student Informed \_\_\_\_\_\_\_\_\_\_\_\_School Informed  DECISION: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Approved \_\_\_\_\_\_Not Approved \_\_\_\_\_Need More Information  NOTES: | | | | | | | | | | | |

Section II. Statement of Purpose

**Instruction:** Please provide helpful information for the Senator and the selection committee. Information provided here will be used as part of the selection / approval process so be sure to double check for grammatical errors or spelling. Email your essay to Vidalino Raatior ([vid@fanapi.org](mailto:vid@fanapi.org)) at the Fanapi Foundation if you need someone to proofread it.

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| **A. STUDENT FULL NAME** | |  | | |
| **B. INTEREST & GOAL**  Describe your educational goals or ambitions and how the FSM Congressional Scholarship will support your goals. Be sure to discuss how your goals will support the needs of the Northwest citizens in your community. *[Note: Use additional sheet if necessary]* | | | | |
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| **C. LEADERSHIP**  List any past or current work or volunteer experiences, leadership roles, or activities that showdddd your commitment to your community. | | | | |
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| **D. STUDENT AGREEMENT**  All FSM Congressional Scholars must agree to the following by writing their initials on the line provided and sign below: | | | | |
| **\_\_\_I agree to represent the Northwest Region to the best of my ability by abiding by my school’s Student Code of Conduct to avoid at all costs any disciplinary measures that will reflect badly on me, my family, and the Northwest region.**  **\_\_\_I agree to maintain at the very least satisfactory academic standing at my institution, but will work hard to surpass the minimum GPA required to avoid being on academic probation.**  **\_\_\_I agree to seek out help on campus including but not limited to tutoring services, student employment, academic advising, library services, orientation programs, and any other student support services to ensure my success in college.**  **\_\_\_ I agree to complete my course of study in a timely manner.**  **\_\_\_I agree to carry a full-time load for every semester of my studies (6 credits for doctorate, 9 credits for master’s degree and 12 credits for undergraduate studies, 3 credits for online courses)**  **\_\_\_I agree to return to the Northwest Region after graduation to teach for two years in any of the schools in the Northwest Unified Schools or support the needs of Northwest citizens at home or abroad in high need community service areas.**  **\_\_\_ I agree to volunteer in the summer for the Northwest Educators Summer Training (NEST) or any related community service projects that support the needs of the youth and schools in the Northwest Unified Schools.** | | | | |
| **SIGNATURE** |  | | **DATE** |  |

Section III. Financial Aid Office

**Instruction:** Student must fill out Part A and submit to the Financial Aid Office for completion of Part B, C, and D. The completed form must be returned via email to the student for transmission to the FSM Congressional Scholarship funder.

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| **A. STUDENT INFORMATION** | | | | | | | | |
| **Student’s Full Name:** | |  | | | | | | |
| **Student ID #:** | |  | | **Email:** | |  | | |
| **Mailing Address** | |  | | | | | | |
|  | |  | | | | | | |
| **B. SCHOOL EXPENSES** | | | | | | | | |
| **TERMS**: \_\_\_\_ Summer \_\_\_\_\_\_Fall \_\_\_\_\_\_ Spring | | | | **ACADEMIC YEAR:** 20\_\_\_\_\_\_\_\_\_\_ - 20\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **COST** | | | | | | | | |
| Tuition & Fees | | | **$** | Textbooks | | | | **$** |
| Travel Expenses | | | **$** | Off Campus Housing | | | | **$** |
| Room & Board (specify below) | | | **$** | Personal (specify below) | | | | **$** |
| Campus Housing: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Campus Meal Plan: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Items: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Items: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **TOTAL EXPENSES** | | | | | | | | **$** |
| **C. OTHER FINANCIAL AID AWARDS** | | | | | | | | |
| Award Name |  | | | | | | | **$** |
| Award Name |  | | | | | | | **$** |
| Award Name |  | | | | | | | **$** |
| Award Name |  | | | | | | | **$** |
| **TOTAL AWARDS** | | | | | | | | **$** |
| **D. SCHOOL VERIFICATION**  I, the Director of Financial Aid or my designee, hereby certify that the costs of attendance and other information provided in this form are, to the best of my knowledge true and accurate. | | | | | | | | |
| School Stamp | | | | | | | | |
| **PRINT FULL NAME** |  | | | | **POSITION TITLE** | |  | |
| **EMAIL** |  | | | | **PHONE** | |  | |
| **MAILING ADDRESS**  (where funds can be sent) |  | | | | **Date** | |  | |