

UNIVERSITY OF GUAM FINANCIAL AID OFFICE  
**STUDENT FINANCIAL ASSISTANCE PROGRAM**  
 ACADEMIC YEAR 2018-2019

(Please indicate program for this application – Select only ONE)  
 [ ] Yamashita Teacher Corps [ ] Nursing Training [ ] Social Work

*Please use typewriter or block letters in ink. Submit the completed application to the Financial Aid Office, located at the University of Guam Calvo Field House. LATE and INCOMPLETE applications and those without supporting documents WILL NOT be considered. Refer to INSTRUCTIONS TO APPLICANTS accompanying this application form.*

**SECTION 1: PERSONAL DATA**

<b>APPLICANT'S NAME:</b>		<b>CITIZEN OF THE UNITED STATES/PERMANENT RESIDENT ALIENS:</b>  <b>FOR US CITIZEN: Attach copy of official birth certificate or a copy of U.S. Passport, or a copy of Naturalization Certificate.</b>  Please indicate documentation attached for verification:  <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> U.S. PASSPORT <input type="checkbox"/> NATURALIZATION CERTIFICATE  <b>FOR PERMANENT RESIDENT ALIENS:</b>  Alien Registration No.: _____  Date: _____  Country of Citizenship: _____  Resident of Guam since (month/year): _____  <b>FOR FSM, REPUBLIC OF PALAU, REPUBLIC OF THE MARSHALL ISLANDS:</b>  Please attach a copy of your official birth certificate or a copy of a valid Passport.  Please indicate documentation attached for verification:  <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> PASSPORT
LAST _____	FIRST _____	
MIDDLE _____		
SOCIAL SECURITY NO.: XXX-XX-_____ (Last 4 only)		
DATE OF BIRTH:	PLACE OF BIRTH:	
SEX:	MARITAL STATUS:	
PERMANENT HOME ADDRESS:		
MAILING ADDRESS:		
EMAIL ADDRESS:		
PLACE OF RESIDENCE:	TELEPHONE NO.:	
YOUR POSITION TITLE:		
NAME OF EMPLOYER:	TELEPHONE NO.:	
SPOUSE'S NAME:		
SPOUSE'S OCCUPATION•EMPLOYER•WORK PHONE:		
FATHER'S NAME:		
FATHER'S OCCUPATION•EMPLOYER•WORK PHONE:		
MOTHER'S NAME:		
MOTHER'S OCCUPATION•EMPLOYER•WORK PHONE:		
PARENT'S MAILING ADDRESS:		
PARENT'S CONTACT NO.:		

**SECTION 2: EDUCATIONAL DATA**

<input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORATE <input type="checkbox"/> JURIS DOCTORATE	<b>MAJOR PROGRAM:</b>
ACCEPTED FOR ADMISSIONS TO: (Name, address of institution)	<b>MINOR:</b>
	DEGREE EXPECTED: _____ MONTH/YEAR EXPECTED: _____
	<b>STUDIES TO COMMENCE: (Circle One) Fall Winter Spring</b> <input type="checkbox"/> Semester <input type="checkbox"/> Quarter    _____ <span style="margin-left: 150px;">Academic Year</span>

YOU MUST SUBMIT OFFICIAL COLLEGE TRANSCRIPT(S) OF EACH UNDERGRADUATE INSTITUTION(S) ATTENDED.

HIGHEST DEGREE EARNED \_\_\_\_\_ DATE EARNED \_\_\_\_\_ MAJOR PROGRAM \_\_\_\_\_

FROM (Name, address of college/university) \_\_\_\_\_

If you attended other higher education institutions, please provide the information below along with the official transcript(s).

NAME & LOCATION OF INSTITUTION	PERIOD OF ATTENDANCE	DEGREE OR CREDIT HOURS EARNED	MAJOR

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**SECTION 3: COST OF ATTENDANCE**

**SECTION 4: FINANCIAL AID INFORMATION**

AMOUNT REQUESTED FOR THE ACADEMIC YEAR	
TUITION FEES:	\$
OTHER FEES (Specify): (a)	
ROOM AND BOARD	
BOOKS	
EDUCATIONAL SUPPLIES	
MISCELLANEOUS	
<b>TOTAL REQUESTED</b>	<b>\$</b>

Please list the types of financial aid programs that you will be applying and/or receiving for the up-coming Academic Year.

Federal Programs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: A copy of your financial aid award letter from the institution you plan to attend and indicate your decision to accept or decline the award(s) for the up-coming Academic Year.**

Have you received Government Assisted Scholarship/Loan before this Academic Year?       Yes       No

If yes, (name of program) \_\_\_\_\_

When? \_\_\_\_\_

**SECTION 5: STATEMENT OF RESIDENCY.** (This section must be signed in the presence of a Notary Public)

I, \_\_\_\_\_, Social Security No. \_\_\_\_\_, do hereby declare that I am a:

- CITIZEN OF THE UNITED STATES
- PERMANENT RESIDENT ALIEN
- CITIZEN OF FSM, REPUBLIC OF PALAU, OR REPUBLIC OF THE MARSHALL ISLANDS

Residing in \_\_\_\_\_, Island of Guam; that I was born in \_\_\_\_\_ on \_\_\_\_\_  
 (Village) (City, State)

\_\_\_\_\_;  
 (Date of Birth) (Date); that I intend to remain in and as

a legal resident of Guam indefinitely; and that I am not a resident of any other territory or any state or foreign country.

\_\_\_\_\_  
 PARENT'S OR GUARDIAN'S SIGNATURE      DATE: \_\_\_\_\_      APPLICANT'S SIGNATURE      DATE: \_\_\_\_\_

SUBSCRIBED and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_

My commission expires on \_\_\_\_\_

I hereby certify that the information I have given in this application and in the supporting documents are true and correct to the best of my knowledge and belief. I agree to comply with all the regulations and laws that are applicable to the financial assistance, which may be awarded to me by the Board of Regents.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_