



COLLEGE OF MICRONESIA-FSM

COM-FSM APPLICATION FOR FINANCIAL ASSISTANCE (COM-AFA)

INSTRUCTION: This form must be completed and submitted to the College of Micronesia-FSM (COM-FSM) Financial Aid Office before you can be considered for financial assistance. Please print in ink or type all answers clearly, accurately, and completely. **Indicate N/A** if not applicable. Academic Period covered by award(s) is from **July 1, 2026 to June 30, 2027**.

Last name _____, First name _____ Middle _____ Date of Birth _____ U.S. Social Security No. _____
Permanent Address: _____ Municipality _____
P.O. Box _____ City _____ State _____ zip code _____
Current Address: _____ Phone No. _____
P.O. Box _____ City _____ State _____ zip code _____
Student's E-Mail Address: _____ Gender: Male ___ Female ___

Parents' marital status: Single ___ Married ___ Separated ___ Divorced/Widowed ___

SECTION A - STUDENT'S GENERAL INFORMATION

- Student Admission Status: New ___ Continuing ___ College Transfer ___ Readmitted ___
i. If readmitted, please indicate semester and year last attended _____
- Are you a high school graduate? Yes ___ No ___ GED holder? ___ Yes ___ No ___ Other? _____
Specify _____
- While a student, where will you live: Parents ___ Relative ___ Own Home ___ Residence Hall ___?
- Degree/Certificate Program. _____ Expected Graduation Date (mo. / yr.) _____
(Major)
- During the 2026-2027 school year, you request financial aid for the following:
Summer 2026 ___ Fall 2026 ___ Spring 2027 ___
- Type(s) of Aid requested: FSEOG ___ FEDERAL Work Study ___ Institution aid ___
- Grade level for school 2026-2027: Freshman ___ Sophomore ___ 3rd Year ___ 4th Year ___
- If you have previously attended any other college, list below the college(s) that you have attended. Begin with college you attended most recently.
 - Name of college _____ Address, City, State _____
 - From (mo./ yr.) _____ To (mo./yr.) _____ Date Graduated (mm/dd/yyyy) _____
 - Degree Earned: _____

9. Family Information (Do not leave blank)

List all those in your household dependent upon your parents. Include yourself, your parents, your brothers and sisters and other relatives who are under 23 years of age whether in school or not. Include names of schools that will be attended by any household member during 2026-2027 school year.

Full Name	Age	Relationship	College	Elementary/High School	Parents contribution

SECTION B - FINANCIAL INFORMATION

1. If you and/or your spouse were employed during 2024 calendar year, complete the following:

- i. Student's Employer _____ 2024 Income \$ _____ Work Phone _____
- ii. Spouse's Employer _____ 2024 Income \$ _____ Work Phone _____
- iii. Other 2024 untaxed Income and Benefits \$ _____

2. Parents Information

- i. Father's Employer _____ 2024 Income \$ _____ Work Phone _____
- ii. Mother's Employer _____ 2024 Income \$ _____ Work Phone _____
- iii. Other 2024 untaxed Income and Benefits \$ _____

I certify that the above information is true to the best of my knowledge. I give permission to the college to verify the information indicated above. I also realize that if I do not give proof as requested, I may be denied financial aid.

RELEASE:
 I UNDERSTAND THAT WHILE ATTENDING COM-FSM, UNDER ANY CIRCUMSTANCES WHICH I MAY NOT BE QUALIFIED FOR FINANCIAL ASSISTANCE, I SHALL TAKE THE FULL RESPONSIBILITY TO ENSURE THAT MY SCHOOL EXPENSES ARE FULLY COVERED.
 THE FINANCIAL AID OFFICE HAS PERMISSION TO RELEASE PERSONAL INFORMATION, INCLUDING GRADES REQUIRED BY SCHOLARSHIP OFFICE.
 I UNDERSTAND I MUST REAPPLY FOR FINANCIAL AID EACH YEAR AND THAT IT IS MY RESPONSIBILITY TO OBTAIN REQUIRED DOCUMENTATION AND ADHERE TO THE DEADLINE.

SECTION C – STATEMENT OF EDUCATIONAL PURPOSE

I UNDERSTAND AND AGREE THAT THE FINANCIAL ASSISTANCE I WILL RECEIVE MAY BE USED SOLELY FOR EDUCATIONAL RELATED EXPENSES AND TO PAY THE COST OF ATTENDING COM-FSM

Student's Signature _____ Date _____

Note: Indicate on a separate sheet any circumstances that the Financial Aid Office should take into consideration when reviewing your application.