

## RMI Scholarship Checklist

- Application (filled out completely)
- Acceptance Letter
- Official Transcripts (High School – 3.0 GPA; Transfers – 2.5 GPA)
- Two Reference Letters (teachers, employers, church leaders)
- Personal Essay (goals & how major will benefit RMI; should be NO LESS than a page)
- Test Scores from any 3 (TOEFL – 550; SAT – 1010; ACT – 20) (*CMI/USP Foundation Graduates are exempted*)
- Health Clearance (Form is available at hospital)
- Income Info (Parents/Spouse/Relative's check stub)
- Financial Aid Award Letter (Pell Grant)
- Housing Info (Apt/Dorm contract)
- High School Diploma/Associates Degree/USP Certificate
- LATEST RMI Passport (US Passports acceptable with proof of Marshallese ancestry (e.g. birth certificate))
- Passport size photo attached to application

### USA Schools Deadline

Fall/New School Year – June 30<sup>th</sup>

Spring – November 1<sup>st</sup>

Summer – April 1<sup>st</sup>

### South Pacific School/ Others Deadline

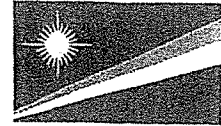
December 15<sup>th</sup>

**PLEASE BRING ALL NECESSARY DOCUMENTS BEFORE  
THE DEADLINE! LATE APPLICATIONS WILL NOT BE  
ACCEPTED!**



# Marshall Islands Scholarship, Grant, and Loan Board

P.O Box 1436 • Majuro, MH 96960  
Phone: (692) 625-3108/5770 • Fax: (692) 625-7325  
Email: misglb@ntamar.net



## APPLICATION FOR STUDENT FINANCIAL ASSISTANCE

### United States Schools

Please check mark your current application status:

New     Ongoing     Returning

Academic year 20 \_\_\_\_ 20 \_\_\_\_  
 Summer 20 \_\_\_\_

Section A: PERSONAL INFORMATION						
1. Last name:		First name:		Nickname:		2. Social Security Number (US & RMI)
3. Current Mailing Address:			4. Permanent Mailing Address:			
<i>Please inform the Scholarship Office when you move or change your address or telephone number.</i>						
Email Address:			Telephone:			
Telephone:						
5. Gender:	6. Date of Birth:	7. Place of Birth:	8. Age:	9. Home Atoll:	10. Ebeye/Kwajalein Resident or Landowner: <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Marital Status:			12. If married, name of husband or wife:			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed, Divorced, Separate						
13. Names and ages of children living with you:			14. Person to contact in case of emergency:			
			Name: _____ Relationship: _____			
			Telephone: _____ Email: _____			
15. Parents	Name of Father:		Alive?	Age	Employer:	Annual Income:
	Name of Mother:		Alive?	Age	Employer:	Annual Income:
	Guardian:		Alive?	Age	Employer:	Annual Income:
	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Section B: EDUCATIONAL INFORMATION						
16. Name & Address of College Applying to/Currently Enrolled at:			17. Degree Now Being Sought		18. College standing at time financial aid will be used	
			<input type="checkbox"/> AA/AS <input type="checkbox"/> Professional Cert. <input type="checkbox"/> BA/BS <input type="checkbox"/> Other: _____		<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
19. Name & Address of Any Prior College, if different from above			20. Degree Obtained (if any) /year			
21. Field of Study <small>Permission must be requested to change</small>		22. Expected date of Graduation		23. Date by which financial aid is required		
24. Name & Address of High School Graduated from (Required):			25. Date of Attendance:		26. High School Graduation Date:	

## 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 Scholarships, etc.)	\$
Income earned by husband or wife	\$	Others (describe)	\$

Have you ever received financial assistance from the MISGLB before? Yes [ ] No [ ] 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:**  Per Academic Year  One term (specify) \_\_\_\_\_  Summer

Student tuition: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> N/A	\$
Tests 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 _____ months*	\$
Health Insurance The Scholarship Board requires all students to purchase appropriate health insurance	\$
Miscellaneous personal expenses – Describe:	\$
Local transportation expenses – Describe:	\$
Airfare	\$
<b>TOTAL EXPENSES (A)</b>	<b>\$</b>

Briefly describe your living situation at college (e.g., dormitory, off-campus apartment, living with family, number of roommates, eat at cafeteria, etc.)

**29. ANTICIPATED FINANCIAL EXPENSES:**  Per Academic Year  One term (specify) \_\_\_\_\_  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 (from #26)	\$
Others - Describe:	\$
<b>TOTAL RESOURCES (B)</b>	<b>\$</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-outs may not be accepted.

## Section D: CERTIFICATION

**31.** 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: \_\_\_\_\_ Date: \_\_\_\_\_  
(For dependent only)

**CERTIFICATION:** To be signed by the Counselor, Advisor, or Financial Aid Officer who assisted in the preparation of this application.

**32.** 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: \_\_\_\_\_