

FSM STRANDED STUDENTS ASSISTANCE APPLICATION FORM

SECTION 1: IDENTIFICATION AND CONTACT DETAILS

Application date:	/ / 2021	Application # (assigned by DOFA)	
SURNAME:*		FIRST NAME:*	
MIDDLE NAME:*		PASSPORT #:*	
DATE OF BIRTH:*	/ /	AGE:	
GENDER:*	MALE [] FEMALE []	CONTACT PHONE # IN STRANDED LOCATION:	
EMAIL ADDRESS:			
FSM ADDRESS:			
FSM STATE:			
ADDRESS IN STRANDED LOCATION:			

* Details must match biopage of passport

SECTION 2: GENERAL QUESTIONS

COUNTRY WHERE YOU STUDY

NAME OF INSTITUTION WHERE YOU STUDY

NAME OF SCHOLARSHIP/COUNTRY SPONSORING YOUR STUDY

LIST EXPENSES COVERED BY SCHOLARSHIP

ARE YOU STILL RECEIVING SCHOLARSHIP ASSISTANCE?

IF NOT, WHEN WAS THE LAST DATE YOU RECEIVED SCHOLARSHIP ASSISTANCE?

WHEN DO YOU EXPECT YOUR SCHOLARSHIP PAYMENTS TO RESUME?

ARE YOU CURRENTLY STAYING AT UNIVERSITY DORMITORY

YES[] NO []

DATE REQUIRED TO BE VACATED

/ /2021

ARE YOU IN PART-TIME EMPLOYMENT TO SUPPLEMENT YOUR INCOME? (please provide details)

Have/are you receiving other forms of Federal assistance from the US in addition to your scholarship? (please provide details)

Have/are you receiving other forms of financial assistance from the FSM National or State Government or your scholarship sponsor? (please provide details)

Please write if you have any other details/information/explanation to be considered as part of this application

SECTION 3: PREFERRED PAYMENT OPTIONS

<input type="checkbox"/>	1 Cash check to be collected at local Consulate Office	ID to be presented upon collection of check
<input type="checkbox"/>	2 Direct deposit into Bank of Guam bank account	
	- Account name	
	- Account number	
<input type="checkbox"/>	3 Direct deposit into Bank of FSM bank account	
	- Account name	
	- Account number	

SECTION 4: DECLARATIONS

DECLARATION BY MAIN APPLICANT: I hereby submit this application for assistance to FSM Students stranded due to the COVID-19 travel restrictions. All information provided herein are a true and accurate record for myself. I also understand that the FSM Government may request further information to verify any part of this application. I also understand that should the FSM Government find that any information provided herein is false, they will be able to seek recovery all or part of any monies paid to me.

As part of this application form, I have also submitted copies of:

- Biopage of passport included under this application***
- Other relevant information (briefly describe):*** _____

**Submitted by
Applicant:**

_____ *Print name*

_____ *Signature*

_____ *Date*

CONFIRMATION OF ELIGIBILITY BY FSM NATIONAL GOVERNMENT

Secretary of Finance or designee to choose which one is applicable:

- After careful review of the application and supporting documentation, I confirm that this person is an FSM student studying overseas and is eligible for FSM support for stranded FSM students due to COVID-19 travel restrictions. The amount payable for this application is \$500**

- After careful review of the application and supporting documentation, I confirm that this person is NOT eligible for FSM support for stranded FSM students due to COVID-19 travel restrictions. The reason the application was not approved is because.....**

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**Secretary of Finance
& Administration**

.....
Print name

.....
Signature

.....
Date