

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

ACCESS TO HIGHER EDUCATION FINANCIAL ASSISTANCE PROGRAM

Please use typewriter or block letters in ink. Submit the completed application to the Financial Aid Office, located at the University of Guam Field House on or before 5:00 P.M. August 31, 2018. 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

APPLICANT'S NAME:		CITIZEN OF THE UNITED STATES:	
LAST	FIRST	MIDDLE	Please attach a copy of your official birth certificate, a copy of your U.S. Passport, or a copy of your Naturalization certificate.
SOCIAL SECURITY NO.: (XXX-XX-____) Last 4 numbers			
DATE OF BIRTH:	PLACE OF BIRTH:		
SEX:	MARITAL STATUS:		
PERMANENT HOME ADDRESS:			
MAILING ADDRESS:			
EMAIL ADDRESS:			
PLACE OF RESIDENCE:	TELEPHONE NO.:		
FOR PERMANENT RESIDENT ALIENS:			
Alien Registration No.: _____			
Date: _____			
Country of Citizenship: _____			
Resident of Guam since (month/year): _____			

SECTION 2: EDUCATIONAL DATA

MAJOR PROGRAM:		FOR FSM, REPUBLIC OF PALAU, REPUBLIC OF THE MARSHALL ISLANDS:	
MINOR:		Please attach a copy of your official birth certificate or a copy of a valid Passport.	
DEGREE EXPECTED:	MONTH/YEAR EXPECTED:		
STUDIES TO COMMENCE: (Circle One) Fall Spring		Please indicate documentation attached for verification:	
<input type="checkbox"/> Semester <input type="checkbox"/> Quarter _____ <div style="text-align: center;">Academic Year</div>		<input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> PASSPORT	

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

If yes, (name of program) _____

When? _____

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: _____