UNIVERSITY OF GUAM
FINANCIAL AID OFFICE
STUDENT FINANCIAL ASSISTANCE PROGRAM
ACADEMIC YEAR 2026-2027

Health Professions Training Scholarship Programs (Nursing & Social Work)

INSTRUCTIONS TO APPLICANT

These instructions are for the Health Professions Training Scholarship Programs (Nursing Training Scholarship) as mandated by Title 17 of the Guam Code Annotated (GCA), Chapter 28 for undergraduate studies on Guam. Please read these instructions carefully. **If your application and supporting documents are INCOMPLETE, it will not be submitted to the Board of Regents Scholarship Committee for consideration**.

PURPOSE

The Health Professions Training Scholarship Programs is designed to prepare nursing, social work, or health sciences students for the public health system of Guam, including Guam Memorial Hospital Authority, the Department of Public Health and Social Services, the Guam Behavioral Health and Wellness Center, the Guam Department of Education (school health counselor) or the Guam Community College (school health counselor), or in private clinics or private hospitals licensed to do business on Guam, and to continue in such employment for a period of time equal to two (2) calendar years for each academic year of training under the program as required by 17 GCA Chapter 28.

THE HEALTH PROFESSIONS TRAINING SCHOLARSHIP PROGRAMS APPLICATION FORM

1. You must complete all sections and sign the application form. Please do not leave any sections blank. If the section does not apply to you, please indicate with a "N/A" or "none".
2. You must sign the application form. Obtain your parent's signature if you are a minor.
3. You must have the application **NOTARIZED**. Please note that the Notary Public will require your signature in his/her presence and may require a fee.
4. You must submit the completed application form and all required documents to the Financial Aid **located at the Dr. Lucio C. Tan Student Success Center**, by **4:00 P.M. September 18, 2026** ***Applications submitted by mail must be postmarked on or before September 18, 2026.***

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

APPLICATION AND REQUIRED DOCUMENTS

Please complete the following sections on the application form attached. You must also submit the required documents to support the information given.

SECTION 1: PERSONAL DATA

[ ] PROOF OF U.S. CITIZENSHIP or PERMANENT RESIDENT ALIEN

a) If you are claiming U.S. Citizenship, please submit a copy of your official birth certificate, U.S. Passport, or a copy of your naturalization certificate.
b) If you are a permanent resident alien, please submit a copy of your alien registration card.
c) If you are citizen of FSM, Republic of Palau, or Republic of the Marshall Islands, please submit a copy of your official birth certificate or a copy of passport.

SECTION 2: EDUCATIONAL DATA

[ ] ACCEPTANCE LETTER

a) You must submit an acceptance letter from the Dean or academic advisor from the School of Health, certifying that you have completed all pre-nursing or pre-social work requirements and that you have been admitted ***or*** are eligible for admission into the undergraduate nursing or social work degree program.

[ ] OFFICIAL ACADEMIC TRANSCRIPT(S)

a) You must also submit an official academic college transcript(s) of all institutions attended, beyond high school.

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APPLICATION AND REQUIRED DOCUMENTS (Continued)

SECTION 3: COST OF ATTENDANCE

[ ] You must COMPLETE this section. You may estimate the cost for the academic year.

SECTION 4: FINANCIAL AID INFORMATION

[ ] Please indicate all types of Financial Aid Programs that you will be applying and/or receiving for the up-coming Academic Year.

SECTION 5: STATEMENT OF RESIDENCY

[ ] **PROOF OF ONE-YEAR GUAM RESIDENCY**

You must submit **ONE OR A COMBINATION** of the following:

a) *Copies of personal and/or parent's income tax forms filed and stamped received by the Department of Revenue and Taxation*; or a certified statement from Department of Revenue and Taxation.
b) *Applicants under Public Assistance may submit a certified statement indicating period of assistance from agencies providing assistance.
c) If the applicant is eighteen (18) years or younger, must provide an official transcript from the Department of Education Middle School or Guam Private Elementary/Middle School.
d) Official transcripts from the University of Guam and/or Guam Community College.

*Applicant must be listed on all documents submitted by parents or guardians.

ADDITIONAL DOCUMENTS REQUIRED

[ ] You must apply for the **2026-2027 FAFSA**. You must include UOG Title IV Code 003935 in the School Selection section of the FAFSA. While students may mail completed FAFSA forms to USDOE, we encourage all students to apply online. The FAFSA can be accessed at www.fafsa.ed.gov. Upon completion of the FAFSA, you will receive a Student Aid Report (SAR). The SAR must be submitted to the Financial Aid Office, with this application to complete your file.

PRELIMINARY SCREENING AND SELECTION(S):

If your application and the required documents are COMPLETE, the Financial Aid Office will review your application and forward their recommendation(s) to the Board of Regents Scholarship Committee. The Scholarship Committee will then forward their recommendation(s) to the full Board of Regents, for final action, at their regular meeting. You will be notified, in writing (via e-mail), of the Board's decision on your application. If your application is approved, you will be required to sign and submit a NURSING OR SOCIAL WORK SCHOLARSHIP PROGRAM AGREEMENT and attend a MANDATORY PRE-AWARD ORIENTATION before any funds can be disbursed.

APPLICATION DEADLINE: 4:00PM September 18, 2026

FOR ADDITIONAL INFORMATION OR QUESTIONS, YOU MAY CONTACT THE FOLLOWING OFFICES:

Financial Aid Office: Telephone No.: (671) 735-2268/2269 / Fax No.: (671) 734-2907
You may also reach us by e-mail at sfap@triton.uog.edu

UNIVERSITY OF GUAM FINANCIAL AID OFFICE

STUDENT FINANCIAL ASSISTANCE PROGRAM

ACADEMIC YEAR 2026-2027

(Please indicate program for this application – Select only ONE)

[ ] J.U. Torres PROTECH Award [ ] 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 Dr. Lucio C. Tan Student Success Center. **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: LAST FIRST MIDDLE	**CITIZEN OF THE UNITED STATES/PERMANENT RESIDENT ALIENS:** **FOR US CITIZEN: Attach copy of official birth certificate or a copy of U.S. Passport, or a copy of Naturalization Certificate.** Please indicate documentation attached for verification: **[ ] BIRTH CERTIFICATE [ ] U.S. PASSPORT** **[ ] NATURALIZATION CERTIFICATE** **FOR PERMANENT RESIDENT ALIENS:** **Alien Registration No.: _____** **Date: _____** **Country of Citizenship: _____** **Resident of Guam since (month/year): _____**
SOCIAL SECURITY NO.: **XXX-XX-_____ (Last 4 only)**	
DATE OF BIRTH: / **PLACE OF BIRTH:**	
SEX: / **MARITAL STATUS:**	
PERMANENT HOME ADDRESS:	
MAILING ADDRESS:	
EMAIL ADDRESS:	**FOR FSM, REPUBLIC OF PALAU, REPUBLIC OF THE MARSHALL ISLANDS:** Please attach a copy of your official birth certificate or a copy of a valid Passport. Please indicate documentation attached for verification: **[ ] BIRTH CERTIFICATE [ ] PASSPORT**
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

☐ **BACHELORS** ☐ **MASTERS** ☐ **DOCTORATE** ☐ **Professional Degree (MD, JD, etc.) _____**	**MAJOR PROGRAM:**
ACCEPTED FOR ADMISSIONS TO: **(Name, address of institution)**	**MINOR:**
	DEGREE EXPECTED: / **MONTH/YEAR EXPECTED:**
	STUDIES TO COMMENCE: **(Circle One)** **Fall Winter Spring** ☐ Semester ☐ Quarter _____ Academic Year

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

AMOUNT REQUESTED FOR THE ACADEMIC YEAR	
TUITION FEES:	**$**
OTHER FEES (Specify): (a)	
ROOM AND BOARD	
BOOKS	
EDUCATIONAL SUPPLIES	
MISCELLANEOUS	
TOTAL REQUESTED	**$**

SECTION 4: FINANCIAL AID INFORMATION

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)**

_____; that I have resided in Guam since _____; that I intend to remain in and as
(Date of Birth) **(Date)**

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

_____ **DATE:** _____ _____ **DATE:** _____
PARENT'S OR GUARDIAN'S SIGNATURE **APPLICANT'S SIGNATURE**

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:** _____