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

JESUS U. TORRES PROFESSIONAL/TECHNICAL AWARD

INSTRUCTIONS TO APPLICANTS

These instructions are for the Jesus U. Torres Professional/Technical Award Program sponsored by the Government of Guam for graduate and professional studies. The Board of Regents selects the recipients of this award on the basis of scholastic ability, financial need, and aptitude. The Board may also use work or life-time experience and achievement criteria in place of the aptitude criterion, if through such experience, it can be reasonably determined that the applicant will succeed in a course of study.

Please read these instructions carefully. ***IF YOUR APPLICATION AND SUPPORTING DOCUMENTS ARE LATE AND/OR INCOMPLETE, IT WILL NOT BE SUBMITTED TO THE BOARD OF REGENTS SCHOLARSHIP COMMITTEE FOR CONSIDERATION.***

THE PROFESSIONAL/TECHNICAL AWARD APPLICATION FORM

1. You must complete all sections and sign the application form. Please do not leave any section blank. If the section does not apply to you, please indicate with a "N/A" or "none".
2. 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.
3. Your area of study must be listed in the Career Priority Listing to qualify for support from this program.
3. You must submit the completed application form and all required documents to the Financial Aid Office, **located at the Dr. Lucio C. Tan Student Success Center**, by **4:00 P.M. October 9, 2026.** ***Applications submitted by mail must be postmarked on or before October 9, 2026.***

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

[ ] You must provide **PROOF OF U.S. CITIZENSHIP or PERMANENT RESIDENT ALIEN** status:
- a) If you are claiming U.S. Citizenship, please submit a copy of your official birth certificate, or unexpired 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 Marshall Islands, please submit a copy of your official birth certificate or a copy of your unexpired passport.

SECTION 2: EDUCATIONAL DATA

[ ] You must submit an **ACCEPTANCE LETTER or ENROLLMENT CERTIFICATION:**
- a) If you are entering as a new student, you must submit an irrevocable letter of acceptance from the college/university you will attend.
- b) If you are currently enrolled in the institution, submit an official certification of enrollment from your institution's Admission and Records department along with the irrevocable letter of acceptance.

[ ] You must submit **OFFICIAL ACADEMIC TRANSCRIPTS** for all institutions attended.
- a) For new graduate students, you must submit your official transcript conferring your bachelor's degree.
- b) If you are currently in a graduate level program, submit an official college transcript from your most current institution and all prior post-secondary institutions attended.

SECTION 3: COST OF ATTENDANCE

[ ] You must submit a copy of the **2026-2027 CATALOG and COST OF ATTENDANCE** from the Institution you plan to attend or are attending.
- * *If your catalog is only available on-line, please provide the URL (webpage link) to the site which indicates* (1) accreditation, (2) tuition and fees, (3) degree programs, and (4) academic major description/requirements for the degree you plan to pursue.
- * Please highlight on the Cost of Attendance Sheet, your (1) housing plans, (2) meal plans, (3) tuition/fee rates, and any other expenses applicable to you.

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SECTION 4: FINANCIAL AID INFORMATION

[ ] If applicable, you must provide a copy of **FINANCIAL AID AWARD LETTER** from the off-island institution, which you were accepted to for the upcoming academic year or the institution you are currently attending.

SECTION 5: STATEMENT OF RESIDENCY

[ ] You must submit **PROOF OF CONTINOUS TEN-YEAR GUAM RESIDENCY** by providing **ANY** of the following (or a combination thereof) to satisfy the ten year continuous residency requirement.

a) A voter registration for elections certified by the Guam Election Commission.
b) *Copies of filed income tax records stamped received by the Guam Department of Revenue and Taxation or Tax Transcripts provided by the Guam Department of Revenue and Taxation.
c) Proof of Recipient of Public Assistance on Guam through submission a certified statement indicating period of assistance from agencies providing the assistance.
d) Official transcripts of all schools attended on Guam (public or private high schools, middle schools, elementary schools, etc.)
e) Bank statement of Mortgage on principal residence.

*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 Federal Student Aid, we encourage all students to apply through the Internet at www.fafsa.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 with the above supporting documents is COMPLETE, it will be submitted to the Board of Regents Scholarship Committee for their recommendation. It will then be forwarded to the Board of Regents regular meeting for action. We will notify you in writing of the Board's decision on your application. If approved, you will be required to attend a MANDATORY PRE-AWARD ORIENTATION prior to receiving the award benefits.

APPLICATION DEADLINE: 4:00 P.M. October 9, 2026

FOR ADDITIONAL INFORMATION, YOU MAY CONTACT OUR OFFICE AT: Telephone (671) 735-2268/2269 or Fax (671) 734-2907. We can also be reached by e-mail at – sfap@triton.uog.edu

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INFORMATION

DEFINITIONS
The following terms whenever used in these regulations shall have the meaning indicated herein, except when the text otherwise requires:
1. *Awards*: all awards for grants and loans.
2. *Board:* the Board of Regents of the University of Guam.
3. *Bona Fide Resident:* a United States citizen or a permanent resident alien having resided on Guam for a period of not less than ten (10) years prior to application.
4. Eligible Foreign Medical School: a medical school listed in the World Health Organization (WHO) listing of medical schools and approved by the Guam Board of Medical Examiners or the Council on Medical Education and Hospitals of the American Medical Association; or a foreign medical school approved by a private non-profit accrediting body approved by the Guam Board of Medical Examiners
5. Eligible Online Degree Program / Distance Education Program: A regionally accredited online degree program or distance education program. Note that Correspondence Courses are not online degree programs or distance education programs.
6. *FAFSA:* Free Application for Federal Student Aid.
7. *Full-time:* nine (9) or more credit hours per semester/quarter, or quarter equivalent to nine (9) semester hours, for graduate students, or as defined by the awardee's institution.
8. *Major Program:* the specific academic program of study, which will be undertaken to achieve the desired degree.
9. *Professional/Technical program:* any graduate degree program in areas listed in the Career Priority Listing.

ELIGIBILITY REQUIREMENTS
1. You must be a bona fide resident of Guam for a period of not less than ten (10) years (continuous) prior to application, AND either be a citizen of the United States or a Permanent Resident Alien or an eligible non-citizen as provided for in the Rules of the program.
2. You must have an overall grade-point average of at least 3.0 in your undergraduate studies if you are pursuing a master's degree, or a 3.3 cumulative grade point average in your master's program if you are pursuing a doctorate degree or an irrevocable letter of acceptance from a U.S. accredited institution or professional school at the time of submission of application.
3. You must show financial need. Calculation: Cost of Attendance (COA) minus Estimated Family Contribution (EFC) equals unmet need (COA – EFC = Unmet Need).
4. You must be pursuing your *first* master's, doctorate degree, or professional degree, i.e. MD, JD.
5. You must have been unconditionally accepted for admission into a professional/technical program at a U.S. accredited institution of higher education or professional school as recognized by Council of Higher Education and Administration (CHEA) or an eligible foreign medical school as a full-time student at the time of submission of application.
6. You must be a college graduate, or a full-time student in good academic standing in a graduate program at a U.S. accredited institution of higher education or professional school as recognized by Council of Higher Education and Administration (CHEA);
7. Your major program or its equivalent MUST be listed on the approved Career Priority Listing (CPL) for AY 2026-2027. If you strongly feel that the major program you are pursuing is equivalent to one that is listed on the CPL, please provide justification from your institution. **(**

BENEFITS (*Amounts are contingent on the availability of funds.)
1. Payment of tuition/fees for a period designated in the college bulletin to complete the program which should not be more than four (4) scholastic years.
2. An annual grant loan for not more than Ten Thousand Dollars ($10,000.00) for room and board, books and educational supplies.
3. Cost of airfare for one-way, economy airline ticket to the school of attendance and one-way ticket to return to Guam upon completion of studies. (Reimbursement shall not exceed $1,000 for each way)
4. Total for tuition/fees and grant loan shall not exceed Twenty Thousand Dollars ($20,000.00) per year for a period of not more than four (4) scholastic years for studies at an off-island institution. For applicants pursuing a Doctor of Medicine (MD) Doctor of Veterinary Medicine (DVM) Doctor of Dental Surgery (DDS), or MD/Ph.D. in Psychiatry, total for tuition/fees and grant loan shall not exceed Thirty-Five Thousand Dollars ($35,000.00) per year for a period of not more than four (4) scholastic years for studies at an off-island institution.

REPAYMENT OBLIGATION
1. Be employed for a period of one (1) year for each Ten Thousand ($10,000.00) received by the recipient. Employment on Guam shall commence within six (6) months after the completion of studies.
2. Any grant/loan found to be forfeited shall be immediately due and payable monetarily.

PROHIBITIONS
1. No awards shall be granted to recipients applying for a second master's, or a second doctorate degree.
2. No awards shall be granted for the purpose of pursuing theological studies.
3. No money may be expended for awards unless such awards are authorized by the Board through Resolution.
4. No person receiving benefits under one subchapter of Division 3, GCA Title 17 shall be entitled to benefits under any sub-chapter, and no person receiving benefits under any other teacher training, in-service training program or other Government of Guam educational program shall be entitled to benefits provided under the Student Financial Assistance Program (Chapter 28).

UNIVERSITY OF GUAM
Student Financial Assistance Program
CAREER PRIORITY LISTING (For the J.U. Torres PROTECH Award)
For Awards Beginning in Fanuchanan 2024 and Subsequent Years

Health Care Professionals:

(Graduate level only)

Diabetes Specialist / Endocrinologist
Health Administration
Hospital Administration
Medical Doctors (All fields)
Nursing
Nutritionist
Oncology Specialist
Orthopedics
Pharmacy
Physician Assistants
Psychiatry
Psychology: General, Clinical
Public Health Administration
Social Work
Speech Pathology
Therapy: Occupational, Physical, Respiratory
Veterinary Medicine

Non-Health Care Related:

(Graduate level only)

Law/Attorneys
Computer Science / Data Science / Artificial Intelligence
Engineers - All Types

Approved by the BOR: _____

Sandra H. McKeever, Chairperson

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:** _____