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

DR. ANTONIO C. YAMASHITA TEACHER CORPS

INSTRUCTIONS TO APPLICANTS

These instructions are for the Dr. Antonio C. Yamashita Teacher Corps sponsored by the Government of Guam for teacher education studies at the University of Guam.

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 APPLICATION FORM

1. You must complete all sections of 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 Office, **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.***

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, 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 valid passport.

SECTION 2: EDUCATIONAL DATA

[ ] You must submit **OFFICIAL ACADEMIC TRANSCRIPT**.

a) If you are currently attending the University of Guam, submit an official transcript from the University.

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

[ ] You must submit PROOF OF ONE-YEAR GUAM RESIDENCY*, by providing ONE OR MORE of the following:

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APPLICATION AND REQUIRED DOCUMENTS *(Continued)*

a) *Copies of personal and/or parents 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 for 2025.
b) *Proof of Recipient of Public Assistance on Guam through submission a certified statement indicating period of assistance from agencies providing the assistance for 2025 to present.
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

[ ] Essay: "Why I Want to Become a Teacher?" – 2 page, typewritten, double-spaced, and signed essay.

[ ] Letter of Recommendation(s):

a) 2 – Letters of recommendations as defined below:

i. An educator, including teacher/instruction, counselor or school administrator who worked in an educational institution;
ii. By any other individual other than a relative who can attest to the character of an applicant.

b) 1 – Additional letter of recommendation if you are Employees of Guam Department of Education as defined below from assigned supervisor attesting to applicants job duties.

i. School aides, library technicians, and teachers with a bachelor's degree or higher who are seeking Teacher Certification in Chamorro Language Instruction.
ii. Chamorro language teachers who do not have a Bachelors degree.

[ ] Academic Planning Sheet: Submit a plan that is completed, approved and signed by an appropriate Academic Advisor.

[ ] SOE Letter of Acceptance

[ ] 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 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 (around September/October for the Academic Year of 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. September 18, 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. Board: the Board of Regents of the University of Guam.
2. Bona fide resident: a United States citizen or a permanent resident alien having resided on Guam for one (1) year immediately preceding the starting date of the academic year the assistance will be used.
3. Full-time status: minimum of twelve (12) or more credit hours per regular semesters; minimum of six (6) credit hours per semester for Summer term.
4. Major Program: consists of students who have declared their intention to become educators.

ELIGIBILITY REQUIREMENTS

1. You must be a bona fide resident of Guam for one (1) year immediately preceding award of the assistance AND either a citizen of the United States or a permanent resident alien.
2. You must have been admitted to the School of Education at the University of Guam;
3. You must be pursuing a teaching degree in a high needs field as defined by the Guam Department of Education.
4. Agree to practice education in a public school funded by the government of Guam in areas of need upon graduation and certification to practice on Guam.
5. Recommended to the program by: 1) an educator, including teacher/instruction, counselor or school administrator who worked in an educational institution; and 2) by any other individual other than a relative who can attest to the character of an applicant.

BENEFITS (Total amount of the loans are contingent upon the availability of funds.)

1. Payment of tuition and fees.
2. An allowance of up to three hundred fifty ($350) per regular semester, and up to one hundred fifty dollars ($150) per summer semester for textbooks.
3. A monthly stipend

REPAYMENT OBLIGATION

1. Be employed for a period of two (2) years for every academic year of scholarship received by the recipient, the semester immediately upon conferral of degree.
2. Any 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 bachelor's or a second master's 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 other subchapter, and no person receiving benefits under any Government of Guam educational program shall be entitled to benefits provided under the Student Financial Assistance Program

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(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:** _____