



- For Counseling Services / Mentoring / Tutoring
- For Above Services and Scholarship
- Re-application for Scholarship

2015-2016 APPLICATION

FALL 2015 SPRING 2016 SUMMER 2016

SUMMER ACADEMY 2016

Part A: STUDENT INFORMATION

1. Name: _____
(Last) (First) (Middle Initial)

2. Contact Information:

Mailing Address: _____

Home Phone: _____ Cell phone: _____ Email: _____

3. Date of Birth: _____ 4. Social Security No: _____ 5. PowerCampus (PC) No: _____

6. Gender: Female Male 7. Marital Status: Single Married / Remarried
 Divorced / Separated Widow(er)

8. Academic Level Status:

a. Check here if you are in **high school** and indicate your **grade level**: 9th 10th 11th 12th Name of High School and Expected graduation date: _____

b. Check here if you have **received a high school diploma** or a **GED**, and **have not attended college**. High school name and graduation year: _____

c. Check here if you are a **first-year college student**. Please indicate the number of **college credits earned** as of today: _____

d. Previous college attended (if any): _____

e. College enrolled (for semester CACG award): _____

Part B: CITIZENSHIP AND LEGAL RESIDENCY

1a. Citizenship

- U.S. Citizen
- U.S. Permanent Resident
- Republic of the Marshall Islands
- FSM Citizen (circle one) *Chuuk Pohnpei Kosrae Yap*
- Republic of Palau
- Other (please specify) _____

2. State of Legal Residence: ____

1b. Ethnic Background(s):

- Pacific Islander [Please Specify]: _____
- Asian Hispanic or Latino White
- American Indian or Alaska Native
- Black or African American
- Other [please specify]: _____

Part C: EDUCATIONAL AND CAREER GOALS

1. What is/are your possible, intended, and/or current college major(s)? _____

2. What are your short- and long-term education and career goals? (Please mark all that apply):

- Attend a 2-year college
- Don't know yet
- Receive financial aid for college
- Public service
- Help me decide
- Vocational Education
- Attend or transfer to a 4-year college
- Receive Tutoring/Academic Help

Employment (please specify career fields): _____

Other (please specify): _____

Part D: PARENTAL / LEGAL GUARDIAN INFORMATION

Mother/Guardian: _____
(Last) (First) (Middle Initial)

Mailing Address _____ Contact Number: Home: _____ Work: _____

Father/Guardian: _____
(Last) (First) (Middle Initial)

Mailing Address _____ Contact Number: Home: _____ Work: _____

Would you be interested in attending a parent information session? Yes _____ No _____ Maybe _____

Parent's/Guardian's Statement of Consent (For students under the age of 18)

My child, _____, has my permission to participate in the CNMI College Access Challenge Grant ("CACG") and all scheduled and related activities.

I release the Northern Marianas College (NMC) and all affiliated CACG partners, and its respective directors, officers, agents, and employees (collectively, "Releasees") from liability for any loss, damage, injury or illness resulting from my child's participation in CACG.

On behalf of my child and myself, I promise that I will not institute, prosecute, or in any way aid in the prosecution of any claim, demand, action, or cause of action against the Releasees or any of them.

In the case of injury or illness, I authorize CACG representatives to seek all necessary medical attention for my child. In such case, I understand that I will be notified as soon as possible and that my insurance carrier or I am responsible for any and all medical expenses incurred. I remain fully responsible for any actions taken by my child.

I also note that – although my child will be accompanied much of the time by the Releasees – they cannot monitor my child 100% of the time. If the CACG discovers that my child has left his/her group, or has done anything to risk his/her safety or the safety of someone else, I will be called and my child asked to leave the program immediately.

I further understand that my child's participation in CACG may involve coverage by the media. I hereby release any claim I may have surrounding rights to my child's name, image, voice, or likeness, and I agree that the CACG may use my child's name, image, voice, or likeness in connection with publicity for NMC, CACG, or affiliated partners.

I affirm that I have read and understood this document and agree to its terms.

[parent/guardian signature] [date]

I am signing this Consent Agreement for myself as participant. I acknowledge that I am eighteen (18) years of age or older and that I understand the terms of this Consent Agreement.

[student/participant signature] [date]

PART E: EMERGENCY CONTACT

Name of Person: _____

Contact Number: Home: _____ Work: _____ Mobile: _____

Address: _____

PART F: SIGNATURES – All appropriate signatures are required below. Without it, your application is incomplete and will not be processed.

To determine eligibility for the College Access Challenge Grant (CACG) Scholarship, CACG may request that high schools or postsecondary institutions you have attended, or will attend, provide CACG with your transcripts, and CACG may request or access from federal government databases or postsecondary institutions information from your federal student financial aid application or other financial information. In addition, any of the foregoing information may be used in connection with CACG research, including research done under contract. Your individual transcript and financial information will not be made available to the public through CACG research in a form that would allow you to be identified (although research results may be made available to the public in an aggregated form, such as, for example, an average or a total for a group of students).

I hereby certify that the information provided in this CACG Scholarship Application is, to the best of my knowledge, true and correct. I have not knowingly withheld any facts or circumstances that could jeopardize consideration of my nomination. I am aware that any knowing misstatement, false representation, or other inaccuracy could subject me to penalties, including payment of damages, to the extent permitted under law. In addition, I authorize the high school(s) and the postsecondary institution(s) I have attended or will attend to release to CACG, if requested by CACG, my transcripts and other academic or financial information requested by CACG for the purposes described above, and I authorize the U.S. Department of Education and its agents to release CACG, if accessed or requested by CACG, information from my federal student financial aid application. I also authorize CACG to release my name in connection with any public announcement of CACG Scholars. I hereby grant CACG a perpetual license to use my name, image, likeness, and biographical material in conjunction with CACG communications, charitable and educational purposes. By submitting this CACG Scholarship Application, I am giving CACG permission to verify information on this form.

Applicant Signature

Date



Mail your application and supporting documents to:

Northern Marianas College
Financial Aid Office
P.O. Box 501250
Saipan, MP 96950

Parent or Guardian Signature

Date

(If Applicant is under the age of 18)

CACG Application and supporting documents must be submitted to the Financial Aid Office, Bldg. N, Rm. 1-1, at the Northern Marianas College by 4:30 pm on or by the posted deadlines or postmarked on or before the date due to ensure eligibility and priority to receive an award.

Required Documents Checklist:

- Submitted 2015-2016 CACG Scholarship Application by the following deadlines:**
 - July 1st for the Fall 2015 Semester
 - December 1st for the Spring 2016 Semester
 - April 30th for the Summer 2016 Semester;
- Official academic transcript(s) from ALL colleges attended including most recent transcript of college currently enrolled must be submitted by**
 - *Aug. 30, 2015 for the Fall 2015 semester *Jan. 31, 2016 for the Spring 2016 semester;
- Cost of Attendance of semester from the college currently enrolled for which scholarship is to be applied by (off-island applicants only):**
 - *Aug. 30, 2015 for the Fall 2015 semester *Jan. 31, 2016 for the Spring 2016 semester;
- Enrollment certification or course schedule of semester from the college currently enrolled for which scholarship is to be applied by (off-island applicants only):**
 - *Aug. 30, 2015 for the Fall 2015 semester *Jan. 31, 2016 for the Spring 2016 semester; and
- Submitted 2015-2016 FAFSA by the following priority deadlines:**
 - April 30th for the Fall 2015 Semester
 - December 1st for Spring 2016 Semester
- Submitted 2016-2017 FAFSA by the following priority deadlines:**
 - April 30th for the Summer 2016 Semester

The CACG Scholarship is made possible through the financial support of the U.S. Dept. of Education, College Access Challenge Grant Program