



2015-2016 Cost of Attendance (to be filled by off-island applicants)

Cost of Attendance include breaks (Holiday, Spring Break, etc.): Yes ___ No ___

Personal Information: To be completed by student	Social Security No.:
Name: (Last, First MI)	Mailing Address:
Marital Status: Single ___ Married ___ Divorce ___	Date of Birth:
Name and Address of Institution Currently Attending:	
Calendar Year: Semester ___ Quarter ___	
TOTAL ESTIMATED FINANCIAL AID ASSISTANCE (TEFAA) FOR THIS ACADEMIC YEAR: To be completed by the student and/or Institution's Financial Aid Office	Amount:
1. Federal Pell Grant	\$
2. Saipan Higher Educational Financial Assistance (SHEFA)	\$
3. Tinian/Rota Municipal Scholarship	\$
4. CNMI Scholarship	\$
Other Financial Resources: Pls. List (Including Loans, Work Study, SEOG, etc.)	
5.	\$
6.	\$
Total Estimated Financial Aid Assistance (TEFAA)	\$
TOTAL ESTIMATED EDUCATIONAL EXPENSES FOR 2015/2016 ACADEMIC YEAR (TEEE): To be completed by Institution's Financial Aid Office	Amount:
Application/Testing Fees	\$
School Tuition Fees	\$
Lab Fees	\$
Books	\$
Room & Board	\$
Insurance	\$
Transportation	\$
Personal Expense	\$
Other School Expense Not Included	\$
Total Estimated Educational Expenses (TEEE)	\$
Total Unmet Need (subtract TEEE from TEFAA)	\$

All documents received by the College Access Challenge Grant are subject to verification from the Institution and sources from which it came. The applicant and his or her family or authorized representative(s) are individually responsible for the integrity of such documents. Recipients and the authorized representative who submit documents that are false or tampered in any way(s) will result in the recipient immediate and permanent removal from any scholarship program administered by the College Access Challenge Grant. Documents include but are not limited to application, supporting documents, grade reports, transcript(s), cost of attendance, etc.

ACKNOWLEDGMENT: To the best of my knowledge, the above information is true and accurate.

Name of Recipient (print and sign)

Date

The Institution's Financial Aid Office certifies the information given above is true and complete to the best of their knowledge.

Institution's Financial Aid Counselor/Representative (print and sign)

Date