

**AMERICAN SAMOA GOVERNMENT
DEPARTMENT OF EDUCATION
STUDENT FINANCIAL AID PROGRAM**

ASG SCHOLARSHIP APPLICATION

STUDENT NAME: _____
Last First Middle Initial

SOCIAL SECURITY NUMBER: _____

GENDER: Male _____ Female _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

CITIZENSHIP: _____ **US National:** _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____ **HOME PHONE:** _____ **CELL PHONE:** _____

CUMULATIVE GRADE POINT AVERAGE: _____ (Please attach to Official Transcript)

SAT Score: _____ **ACT Score:** _____ (Please attach Official SAT and/or ACT Score Record to application)

Name of Current High School Attending: _____

FATHER'S INFORMATION:

Name: _____ **Nationality:** _____
First Last

Birth Place: _____ **Citizenship:** _____

E-mail Address: _____ **Home Phone:** _____ **Cell Phone:** _____

Mailing Address: _____

MOTHER'S INFORMATION:

Name: _____ **Nationality:** _____
First Last

Birth Place: _____ **Citizenship:** _____

E-mail Address: _____ **Home Phone:** _____ **Cell Phone:** _____

Mailing Address: _____

ASG Scholarship Application (Cont'd)

Institution(s) Applied to (Name & Address):

1. _____
2. _____
3. _____

Have you been accepted: YES: _____ NO: _____ PENDING: _____

INTENDED MAJOR (S): _____

**IF YOU ARE CURRENTLY ATTENDING AMERICAN SAMOA COMMUNITY COLLEGE (ASCC),
PLEASE COMPLETE THE FOLLOWING SECTION:**

High School graduated from: _____

What is your present status in College? _____

1st Year _____ 2nd Year _____ 3rd Year _____ 4th Year _____

Other: _____

What Degree or Certificate have you completed? _____

_____ **Year:** _____

Major: _____

**I HEREBY CERTIFY THAT THE INFORMAITON GIVEN IN THIS APPLICATION IS COMPLETE AND
CORRECT TO THE BEST OF MY KNOWLEDGE.**

APPLICANT SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____