



Phone: 670-664-4750

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Scholarship Office

Caller Box 10007
Saipan, MP 96950

Graduate Form A copy of your diploma and official transcript (indicating degree conferred) must accompany this form.

Student Data

Personal Information		Social Security No:
Name: (Last, First MI)		
Permanent CNMI Mailing Address:		City/State/Zip
Current Mailing Address:		
Date of Birth (M/D/Y)		Place of Birth:
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced		No. of Dependents:

Educational Data

Institution(s) Attended	Degree Obtained	Date of Degree Conferral

Are you currently pursuing a higher degree, certificate, internship or residency? If so, please specify.

Are either you or your spouse serving in the armed forced?

Yes No

Branch:

Service Period:

Employment History

Are you employed? Yes No

List all employment held after you obtained your degree. Begin with the most recent. An Employment Verification form will be mailed to you upon our receipt of this form. Attach additional paper if more space is needed.

Dates of Employment (Month/Year)	Place of Employment	Position / Title
From: To:		
From: To:		
From: To:		
From: To:		

I certify that all information provided in this form is true and complete to the best of my knowledge. I authorize the CNMI Scholarship Office to request and obtain necessary information from other agencies related to the information provided above.

This is not a Financial Aid Application.

Signature of Graduate

Date