



SAIPAN HIGHER EDUCATION FINANCIAL ASSISTANCE

Office of the Mayor
Municipality of Saipan

GRADUATE FORM

Student Name: _____

Student Data	
Social Security Number: ___-___-___	Phone Number:
Current Mailing Address:	Permanent CNMI Mailing Address:

Educational Data	
Institution (s) Attended	Degree Obtained and Date of Degree Conferral
1.	
2.	
3.	

Employment Data		
Are you employed? Yes ___ No ___		
Place of Employment	Position/Title	Dates of Employment (Month/Year)
1.		From: To:
2.		From: To:
3.		From: To:

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

2. Are either of you or your spouse serving in the armed force? Yes ___ No ___ Branch: Period:

() **Certification:** I certify that all information and documents provided is true and complete to the best of my knowledge. I agree to provide proof of information stated on this form. I understand that if I fail to provide documents of falsify any information provided my appeal will be denied.

Signature of Graduate: _____ Date: ___/___/___