Workforce Development Training Scholarship Program

APPLICATION CHECKLIST

To complete your application for assistance, please provide the following items listed below.

****Please note that an INCOMPLETE application will NOT be accepted.***

Forms to Be Completed	Other Relevant Information
☐ Completed Scholarship Application	Must be completed, signed and dated by applicant
☐ Copy of Valid Photo Identification	Driver's License, Municipality ID, or Passport
☐ Income Certification	Source income documents – tax return, pay stubs, government benefit letter
☐ Verification of Employment, if applicable*	For ALL employed members of the household, must be signed by employer
☐ Statement of Unemployment, if applicable*	Must be completed all unemployed adult members of the household
☐ Verification of Child Support Payments, if applicable*	Must be completed by ALL employed adult members of the household
☐ Use of Funds Certification	Must be completed, signed, and dated by applicant
☐ Conflict of Interest Disclosure Form	Must be completed, signed, and dated by applicant
☐ Duplication of Benefits | Subrogation Agreement	Must be completed by NMTI official, reviewed with applicant, and dated and signed by both
☐ Notarized by NMTI Official	Upon completion of submission, a final review will take place with the applicant. Notary is available at NMTI Financial Aid Office at no charge.
☐ WDTSP Eligibility Release Form	Must be initial by Head of Household, signed by all adult members of household
☐ WDTSP Certification of Household Size	Applicant must list down all members of the household
For Financial Aid Office Use Only	
WDTSP Application No.:	Applicant Full Name:

*(Based on information provided by the applicant, these Verification Forms may be needed to further establish eligibility and document income).

Northern Marianas Technical Institute
12966 Lower Base Dr.
P.O. Box 504880
Saipan, MP 96950

SCHOLARSHIP APPLICATION INFORMATION

PLEASE NOTE: This application is to be used **ONLY** if you are applying for one or more of the scholarships listed below:

☐ CNMI Scholarship
☐ Saipan Higher Education Financial Assistance (SHEFA)
☐ Other: _____

☐ NONE- I have not and will not apply for the CNMI, SHEFA, or other scholarships

The Northern Marianas Housing Corporation (NMHC) Community Development Block Grant Disaster Relief (CDBG-DR) Workforce Development Training Scholarship Program (WDTSP) in partnership with the Northern Marianas Technical Institute aims to:

- Provide Low- to – Moderate Income (LMI) students who enroll and complete course requirements in various construction-related trades programs.
- Offer LMI residents in the most disaster impacted sectors in the CNMI, In this case, Saipan and Tinian.
- Benefit LMI households by providing training and employment opportunities.
- Provide solutions to promote growth and stability to CNMI residents and economy.

Disclosure:

Duplication of Benefits (DOB) is a component of the Stafford Act, which governs disaster recovery. The requirements of the Stafford Act prohibit any person, business concern, or other entity from receiving federal funds for any part of an activity for which they have already received financial assistance under any other program, private insurance, charitable assistance, or any other source. A DOB occurs when a recipient of federal disaster fund receives funding from more than one source for the SAME activity.

A DOB may occur at any point, including after receipt of CDBG-DR funds. Any additional funds paid to participants for the same purpose as the WDTSP after services are completed must be returned to NMHC.

Recapture may be required to repay all or a portion of CDBG-DR funds received. Reasons for recapture may include, but are not limited to:

- *False or misleading information to the program;*
- *Withdraws from the program prior to completion;*
- *Found to have used funds for an ineligible activity; or*
- *Fails to report the receipt of additional funds or benefits received that create a DOB.*

_____ _____

(Signature) *(Date)*

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INSTRUCTIONS
1. Please print clearly and submit a completed application with all required supporting documents and signatures to NMTI's Financial Aid Office. If this form is incomplete, inaccurate, or not signed, it will not be considered. 2. Please complete one application for each program being considered at each registration cycle or as required by scholarship criteria. 3. NMTI's Financial Aid Office may require additional written statements describing educational goals and other relevant information for specific scholarship criteria. 4. All students who receive scholarship will be required to obtain an email address for future communications.

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1. Applicant Information

Full Name:	Email:
Contact Information: Home: Cell: Work:	Employer: Occupation:
Address (City, State, Zip code)	Citizenship:

To be determined eligible for WDTSP, an applicant's total family income must be at or below the Housing Urban Development (HUD) published FY 2026 Income Limits as shown in the table below:

Table 1. **HUD FY 2026 Income Limit Schedule** *(published June 1, 2026)*

Northern Mariana Islands Home Income Limits	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% of median income	11,950	13,700	15,400	17,100	18,450	19,850	21,200	22,550
50% of median income	19,700	22,500	25,300	28,100	30,350	32,600	34,850	37,100
80% of median income	31,500	36,000	40,500	44,950	48,550	52,150	55,750	59,350

2. Expected Financial Aid/Resources in Enrollment Year: _____

(This section must be completed in full, or application will NOT be processed)

Table 1. **Personal/Family Contribution**

Student Contribution from Income or Assets:	$
Parent or Family Contribution:	$
Total Contributions:	$

Table 2. **Other Contributions** (Other Scholarships, Financial Aid, etc.)

Source	**Amount Awarded**
Total Amount Awarded:	$

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INCOME CERTIFICATION FORM

Name: _____ **Date:** _____
(*Full Name of Individual)*

Address: _____
(*Street Address)*

_____
(City, ZIP)

Check X to indicate if income is Above, Between, or Below, based upon family size:

TOTAL # of Persons in your family

	1	*2*	*3*	*4*	*5*	*6*	*7*	*8*
Family income is Above								
	31,500	*36,000*	*40,500*	*44,950*	*48,550*	*52,150*	*55,750*	*59,350*
Family income is Between								
	11,950	*13,700*	*15,400*	*17,100*	*18,450*	*19,850*	*21,200*	*22,550*
My family income is Below								

Check X to indicate your Race:

White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black/African American	
Other Multi-racial	

Check X to indicate your Ethnicity:

Hispanic Latino	
Non- Hispanic Latino	

_____ _____
(Signature) *(Date)*

I certify that the above information is true and accurate to the best of my knowledge. Further, I understand that information provided for my application may be shared and verified by including but not limited to Federal and/ or local Financial Assistance Entitles.

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VERIFICATION OF EMPLOYMENT

AUTHORIZATION: Federal Regulations require us to verify Employment Income of the applicant as a potential recipient of the NMHC CDBG-DR Workforce Development Training Scholarship Program (WDTSP) through the NMTI Financial Aid Office. This information will be used solely to determine the eligibility status and level of benefit of the applicant.

Name of Applicant:
Mailing Address:
Social Security #:

RELEASE: I hereby authorize the release
of the requested information. _____

(Signature of Applicant | Date)

Company Name:	Address:
Employed Since:	Occupation:
Base Pay Rate: $ per hour (or) $ per week (or) $ per month	
Average hours per week:	Number of weeks worked per year:
Overtime pay rate: $ per hour	Expected hours overtime:
Any other compensation not included above Specify (commissions, bonuses, tips, etc.): _____ $ per	
Is pay received for vacation? ☐ YES ☐ NO	If YES, number of days per year:
Total base pay earnings for past 12 months: $	

Signature of Authorized Rep. _____ Title _____

Date_____ Contact Info. _____

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STATEMENT OF UNEMPLOYMENT

I, _____ states as follows:
(Full Name of Applicant)

1. I am of legal age and a resident of the Commonwealth of the Northern Mariana Islands;

   Residing at _____, _____.
   (Village) (City)

2. That I am unemployed due to the following reason(s):

   _____
   _____
   _____
   _____
   _____

I, _____, declare under Penalty of Perjury, that the
(Name of Applicant)
Foregoing statements are true and correct to the best of my knowledge and belief that this document

Is executed on _____, 20 _____ at my residence in _____,
(Month/Day) (Year) (Village)
_____.
(City)

_____

Declarer's Signature

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VERIFICATION OF CHILD SUPPORT PAYMENTS

AUTHORIZATION: Federal Regulations require verification of income, including Child Support Payments received by and/or made to the applicant as a potential recipient of the NMHC CDBG-DR Workforce Development Training Scholarship Program (WDTSP) through the NMTI Financial Aid Office. Due to periodic re-examination of reported income, the program requests applicants to supply this information. This information will be used solely to determine the eligibility status and level of benefit of the applicant.

Name of Applicant:
Mailing Address:
Social Security #:

RELEASE: I hereby authorize the release of the requested information.

_____ _____

(Signature of Applicant) (Date)

Name of Person Paying Child Support:	
Address of Person Paying Child Support:	
List all children names receiving Child Support Payments: 1._____ 2._____ 3._____ 4._____ 5._____ 6._____	
Amount of Support Paid: $_____	$ _____ per ☐ week ☐ month ☐ year

_____ _____ _____

Signature of Authorized Rep. Title Date | Contact Info.

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USE OF CERTIFICATION OF FUNDS

I, _____ (*Name of Applicant*) the undersigned, hereby certify that I am applying for the CDBG- DR Workforce Development Training Scholarship Program, to be used solely and specifically for tuition costs while enrolled in at the Northern Marianas Technical Institute for Construction-related trades courses and programs.

_____ _____

Print Applicant Name **Date**

_____

Applicant Signature

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DUPLICATION OF BENEFITS ATTESTATION WORKSHEET

Course Name			Additional Notes:
Total Tuition Cost(s)			
FEE BREAKDOWN		**CHARGE**	
Application Fee	$25.00		
Registration Fee	$75.00		
Lab | Workshop Fee	$50.00		For Construction Tech & Carpentry
Safety Boots	$200.00		Optional: Student may purchase on their own
Tool Set	$750.00		Optional: Student may purchase on their own
Test	$8.00		
Uniform	$100.00		
Text Shipping Fee	$30.00		
Textbooks	-----		See Chart of Fees
CNMI Scholarship			
SHEFA Award			
Other Contributions			
Total Cost:			
Total Award(s) Received:			
LESS:			
UNMET NEED:			To be funded by WDTSP

Please explain where and how any other financial aid or assistance was expended/disbursed:

APPLICANT ATTESTATION: I certify that all of the above information is true and accurate to the best of my knowledge. Further, I understand that information regarding my application may be shared with and verified by custodians of the information, such as other Federal and/or Local Financial Aid Assistance entities, or any public or private entities for the purposes of ensuring that the applicant has not received money that is duplicative of any possible Financial Aid received.

APPLICANT: _____ NMTI OFFICIAL: _____
Print Name Print Name

_____ _____
Signature | Date Signature | Date

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SUBROGATION AGREEMENT

_____ I agree and acknowledge that any over payment or duplication of benefits will be subject to recapture. I am required to notify NMHC and NMTI Financial Aid Office if additional funds are received and to assist NMHC in collecting any amounts owed to them from these sources.

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Scholarship Application along with all requirements have been certified by an NMTI Official and reviewed with the applicant to determine its completion.

STUDENT: _____	*PARENT: _____
_____ Printed Name	_____ Printed Name
_____ Signature	_____ Signature
_____ Date	_____ Date
	*(if minor under 18 years of age)

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COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

SAIPAN MP 96950

ACKNOWLEDGEMENT:

On this _____ day of _____, 20_____, before me, the undersigned notary, personally appeared _____ to be the person(s) whose name is signed on the preceding or attached document, and acknowledged to me that she/he signed it voluntarily for its stated purpose.

_____

NOTARY PUBLIC SEAL Signature of Notary

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