

## APPLICATION FOR POHNPEI STATE SCHOLARSHIP FUNDS

**INSTRUCTION:**

1. This form is to be used by applicants for PSL Scholarship funds, as well as funds which may be available from other sources.
2. A Copy of your MOST RECENT TRANSCRIPT must be submitted with your application.
3. Copy of your Insurance Policy or card must be submitted with your application.
4. Application MUST be certified, seal and signature of school that you will attend.
5. Please type or print in ink clearly, please N/A in all blanks, which do not apply.
6. Submitted a copy of your acceptance letter if you are a New student

**A. PERSONAL INFORMATION**

1. Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ 2. Social Security # \_\_\_\_\_  
 3. Mailing Address : \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ 4. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_ Parent Telephone \_\_\_\_\_  
 5. Sex: \_\_\_\_\_ 6. Date of Birth \_\_\_\_\_ 7. Birth Place \_\_\_\_\_  
 8. Status \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_

9. Citizen of State <input type="checkbox"/> Madolenihmw <input type="checkbox"/> U <input type="checkbox"/> Kitti <input type="checkbox"/> Sokehs <input type="checkbox"/> Nett <input type="checkbox"/> Kolonia <input type="checkbox"/> Pinglap <input type="checkbox"/> Mwoakilloa <input type="checkbox"/> Nagtik <input type="checkbox"/> Nukuoro <input type="checkbox"/> Kapingamarani	10. If Married Name of spouse _____  13. Father's (Guardian) Name & address: _____  15. Mother's or (Guardian) Name & address: _____  17. Parents Annual Income: _____	11. No. of Dependents: _____ 12. Spouse Income _____  14. Name & Address of Father employer _____  16. Name & Address of Mother employer _____  17. Parents Annual Income: _____
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**B. EDUCATION INFORMATION**

18. Name & address of Secondary attended: _____ _____ 20. Specified State in which you wish your Application considered for State Aid _____ 22. Name & address of Post-Secondary Institution where financial aid will be use _____ _____ 24. ___ Appling to enter _____ 25. ___ Academic Year ___ Admitted 29. Name & Address of School Official who should be Notified of the amount and term of your financial aid: _____ _____ 30. College standing at time financial aid will be used: ___ Fresh ___ Soph ___ Junior ___ Senior ___ Graduate ___ Other	19. Date Transcript Requested: _____  21. Date by which financial aid requested _____  23. Field of Study: _____  26. During <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Quarter 27. Date Term: Begin _____ End: _____ 28. Estimated Post date of graduation _____
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**C. FINANCIAL INFORMATION**

Fall

Spring

Total

**35. Estimate Education Expenses per Academic Year**

- A. Testing Application Fees
- B. School tuition Fees
- C. Books and School Supplies
- D. D.Room & Board
- E. Personal Expenses
- F. Transportation Expenses
- G. Other (Specify)
- H. Total Education Expenses (sum of fall and Spring)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**36. Estimated Financial Aid Assistance Per Academic Year**

- A. Personal Funds (Cash, Saving, etc)
- B. Private Loan
- C. Earning While in School
- D. Parental Support
- E. Spouse's Support
- F. Others (specify)
- G. Federal Pell Grant (place X if Applied)
- H. Federal Supplementary Educational Opportunity Grant (SEOG)
- I. Federal Work Study Program
- J. Total Financial Assistance Aid Available

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**37. Amount of Financial Assistance required to meet Educational Expenses**

_____	_____	_____
_____	_____	_____

I hereby apply for financial Assistance in the Amount of \$ \_\_\_\_\_ for Academic School Year \_\_\_\_\_ under Financial Assistance sources from Pohnpei State Government and other sources to help meet my Educational Expenses. I have applied Aid to financial Assistance Program and from the Institutional Financial Aid Programs for which I am eligible

\_\_\_\_\_  
Student Signature\_\_\_\_\_  
Date**D.CERTIFICATION**

38. Have you and school Official review this application before the school Financial Aid Director will complete and sign.

I have reviewed this form with the applicant and believe that the information is complete and accurate. The student is in good standing and has applied for aid to Federal and Intuition financial assistance programs from which the student is eligible to receive funding.

\_\_\_\_\_  
Name of the Director Of  
The Director of Financial Aid  
(Print Name Clearly)

\_\_\_\_\_  
Signature of Director of Financial Aid\_\_\_\_\_  
Date\_\_\_\_\_  
School Official Seal