

APPLICATION FOR POHNPEI STATE SCHOLARSHIP FUNDS

INSTRUCTIONS:

- 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, sealed and with signature of the school you will attend.
5. Please type or print in ink clearly, pleas 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 Email Parent Phone #

5.Sex 6.Date of Birth 7.Birth Place 8.Status Married Single

9. Citizen of State 10. If Married Name of Spouse 11. Number of Dependents 12. Spouse Income

Madolenihmw U

Kitti 13. Father's (Guardian) Name & address: 14. Name and Address of Father Employer

Sokehs Net Kolonia

Pingelap 15. Mother's (Guardian) Name & address 16. Name and Address of Mother Employer

Mwoakilloa Sapwuahfik

Nukuoro Kapingamarangi

17. Parent's Annual Income:

B. EDUCATION INFORMATION

18. Name and address of Secondary attended: 19. Date Transcript Requested:

20. Specify State in which you wish your Application Considered for State Aid 21. Date by which financial aid requested

22. Name and address of Post-Secondary Institution where financial aid will be used: 23. Field of Study:

24. Applied to enter Admitted 25. Academic Year

26. During: Fall Winter Spring Summer Quarter

27. Date Term: Begin End

28. Estimated Post date of graduation

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: Freshmen Sophomore Junior Senior Graduate Other

**C. FINANCIAL INFORMATION**

**Fall**

**Spring**

**Total**

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

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

**36. Estimated Financial Assistance per Academic Year**

- A. Personal Funds (Cash, Savings, etc) .....
- B. Private Loan .....
- C. Earning While in School .....
- D. Parental Support .....
- E. Spouse's Support .....
- F. Other (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 Programs and from the Institutional Financial Aid Programs for which I am eligible.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**D. CERTIFICATION**

**38. Have you and School Officials 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 Institution financial assistance programs From which the student is eligible to receive funding.**

\_\_\_\_\_  
Name of Director of Financial Aid  
(Print Name Clearly)

\_\_\_\_\_  
Signature of Director of Financial Aid

\_\_\_\_\_  
Date

School Official Seal