

**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 \_\_\_\_\_

\_\_\_\_ Sokehs \_\_\_\_\_

\_\_\_\_ Nett \_\_\_\_\_

\_\_\_\_ Kolonia \_\_\_\_\_

\_\_\_\_ Pingelap \_\_\_\_\_

\_\_\_\_ Mwoakilloa \_\_\_\_\_

\_\_\_\_ Sapwuahfik \_\_\_\_\_

\_\_\_\_ Nukuoro \_\_\_\_\_

\_\_\_\_ Kapingamarangi \_\_\_\_\_

17. Parent's Annual Income: \_\_\_\_\_

13. Father's (Guardian) Name  
& address: \_\_\_\_\_

14. Name and Address of Father Employer  
\_\_\_\_\_

15. Mother's (Guardian) Name  
& address \_\_\_\_\_

16. Name and Address of Mother Employer  
\_\_\_\_\_

**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