



## POHNPEI STATE GOVERNMENT

Department of Education

Post Office Box 250

Email: [pnischolarship@pohnpeidoe.fm](mailto:pnischolarship@pohnpeidoe.fm)

Kolonia, Pohnpei State, FM

Tel: (691) 320-2102/2103

**INSTRUCTIONS:**

1. This form is to be used by applicants for Pohnpei State Scholarship funds as well as funds which may be available from other sources.
2. A Copy of your OFFICIAL TRANSCRIPT must be submitted with your application.
3. Application MUST be certified, sealed and with signature of the school you will attend.
4. Please type or print in ink clearly, put N/A in all blanks which do not apply.
5. Submit a copy of your acceptance letter if you are a NEW student.
6. Attach a copy of either your passport or birth certificate.

### A. Personal Information

Family Name	Given Name(s)	Municipality

Male

Female

Age:

Date of Birth (dd/mm/yy):	Place of Birth:	Marital Status:
Social Security #:	Mailing Address:	E-Mail: <input style="width: 150px;" type="text"/>
FSM <input style="width: 150px;" type="text"/>	P.O.BOX <input style="width: 100px;" type="text"/>	Telephone <input style="width: 100px;" type="text"/>
U.S. <input style="width: 150px;" type="text"/>	City <input style="width: 100px;" type="text"/>	Fax <input style="width: 100px;" type="text"/>
	State <input style="width: 100px;" type="text"/>	If Married, Name of Spouse <input style="width: 150px;" type="text"/>
	Zip Code <input style="width: 100px;" type="text"/>	No. of Dependents <input style="width: 100px;" type="text"/>
		Spouse Income: <input style="width: 150px;" type="text"/>

### Parent Information

Father's Name & Address:	Mother's Name & Address:	Mother Annual Income:
Name & Address of Father Employer:	Name & Address of Mother Employer:	Father Annual Income:

## B. Education Information

Name & Address of Secondary Attended:	Name & Address of Post Secondary Institution where Financial aid will be use:
Applying to enter: <input type="text"/> Admitted: <input type="text"/> Academic Year : <input type="text"/>	Date Transcript Requested : <input type="text"/> Date by which aid requested: <input type="text"/>
Name & Address of School Official who should be notified of the amount and term of your financial aid:	College standing at time financial aid will be used: Fresh <input type="checkbox"/> Soph <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate: <input type="text"/>
Date Term: Begin: <input type="text"/> End: <input type="text"/> Estimated Post date of graduation: <input type="text"/>	During: Fall : <input type="text"/> Spring: <input type="text"/>

### Proposed Study Program (Level of Study)

- |  |  |
|--|--|
| <input type="checkbox"/> Undergraduate Degree  | <input type="checkbox"/> Vocational Training – Diploma/Certificate |
| <input type="checkbox"/> Master (research)     |  |
| <input type="checkbox"/> Masters (course work) | <input type="checkbox"/> Postgraduate                              |

### Proposed Study Program (Intended Degree of Study)

**Level** (Undergrad, Post grad)    **Intended Degree of Study**    **Major** (Specific Focus)

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### C. Financial Information

#### Estimated Education Expenses per Academic Year

Testing	Fall	Spring	Total
School Tuition Fees			
Books and School Supplies			
Room & Board			
Personal Expenses			
Transportation Expenses			
Other Expenses (Specify)			
Total Education Expenses (sum of fall and spring)			

#### Estimated Financial Aid Assistance per Academic Year

Personal Funds (cash, saving, etc)	Fall	Spring	Total
Private Loan			
Earning While in School			
Parental Support			
Spouse's Support			
Others (specify)			
Federal Pell Grant (place X if applied)			
Federal Work Study Program			
Total Financial Assistance Aid Available			
Amount of Financial Assistance required to meet Educational Expenses			

**D. Reasons for Seeking Training:** *(attach more pages, if required)*

**How will the proposed training benefit your country?**

**What skills do you intend to learn from the proposed training?**

## E. Application Dead Line: Fall – June 30; Spring – December 31

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I hereby apply for financial Assistance in the amount of \$ \_\_\_\_\_ for Academic 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

## F. Certification

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  
Financial Aid (Print Name)

\_\_\_\_\_  
Signature of Director of FAO

\_\_\_\_\_  
Date