

FINANCIAL ASSISTANCE REQUEST FORM



PALAU NATIONAL SCHOLARSHIP BOARD

PO BOX 1608, KOROR, PALAU 96940

TEL NO. (680) 488-3608 FAX NO. (680) 488-3602 EMAIL: pnsb@palaunet.com; www.pnsb.org

NOTE: COMPLETE ALL SECTIONS LEGIBLY TO BE CONSIDERED (WHITE-OUTS MAY NOT BE ACCEPTED)

SECTION A: PERSONAL INFORMATION

1. Last Name		First Name & M.I.		2. Social Security Number: (Indicate if Palau or US)	
3. Mailing Address (PO Box, St., City, State, Zip)			Telephone		4. Email Address
5. Gender	6. Date of Birth	7. Age	8. Place of Birth	9. Citizenship	
10. Name of Father & Mother or Legal Guardian			11. Current Address of Parents/Guardian		12. Years at current Address of (Father & Mother OR Guardian)

SECTION B: EDUCATIONAL INFORMATION

13. Name & Address of High School Graduated from (REQUIRED)	16. Name & Address of University or College applying to or currently attending (for all applicants) Name & address of Any prior College, If different from above (for all applicants)
A. Date of Attendance _____ B. Cumulative Grade Point Average (GPA) _____	A. Cumulative GPA _____ B. Credits Earned _____ C. Credits Remaining for Graduation _____ D. School Year _____
14. Date of Graduation or Expected Date of Graduation (Month/Year) A. High School _____ B. College _____	E. Field of Study _____ F. Term(s): <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring
15. Date Transcript Requested _____	G. *College Level: _____ (i.e. freshmen, sophomore, etc.) *Must attach proof of college level

SECTION C: FINANCIAL INFORMATION (Please complete back of form & bring total to the front)

17. TOTAL EDUCATIONAL EXPENSES (Detail on back of form Item No. 17-F)	\$
18. TOTAL FINANCIAL AID AVAILABLE (Detail on back of form Item No. 18-H)	\$
19. TOTAL FINANCIAL ASSISTANCE REQUESTED (Item 17-F minus 18-H)	\$

SECTION D: STUDENT CERTIFICATION & IDENTIFICATION OF THE TYPE OF FINANCIAL ASSISTANCE SOUGHT

In accordance to PNSB Regulation Article V, Section 4 (d) (vii), by accepting financial assistance from PNSB, I waive the application of the Statue of Limitation with respect to PNSB's collection claims. Furthermore, by signing this application, I agree to all the terms and conditions of the PNSB programs, all PNSB Regulations AND that my name may be released or published if awarded.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS ALL TRUE AND I HEREBY APPLY FOR:

AMOUNT OF \$ _____ for the Academic Year _____ Semesters(s) _____
 (item 19)

I WISH TO BE CONSIDERED FOR THE FOLLOWING PROGRAMS (CHECK ONE OR MORE BOX)

☐ Palau Grant (undergraduate only)
 ☐ Palau Scholarship (junior/senior college standing)
 ☐ Palau Student Loan**(all level)

NOTE: AWARDS MAY BE MADE FOR OTHER PROGRAMS NOT INDICATED

****MUST SIGN PROMISSORY NOTE**

SIGNATURE OF APPLICANT

DATE

CONTINUED ON BACK PAGE

DETAIL ON EDUCATIONAL COST

Student Name: _____

School Year: _____

SECTION C: FINANCIAL INFORMATION (Complete all sections legibly, white-outs may not be accepted)

17. ESTIMATED EDUCATIONAL EXPENSES: (Per Academic Year)

A. Testing/Application Fees	
B. School Tuition/Fees	
C. Books & School Supplies	
D. Room & Board	
E. Other Instructional Materials (Specify)	
F. TOTAL EDUCATIONAL EXPENSES (Sum of 17-A to 17-E) (Bring total to front)	\$

18. ESTIMATED FINANCIAL AID RESOURCES: (Per Academic Year)

A. Personal Funds (Cash, Savings, etc.)	
B. Earnings while in College, including summer earnings, research asst., (not inc. WS)	
C. Parental Support	
D. Pell Grant (Enter X if you have applied, but do not know amount of award at this time)	
E. Supplemental Education Opportunity	
F. College Work-Study Program (CWS)	
G. Other grants, fellowships, sponsorships, scholarships, discounts, etc. (specify)	
H. TOTAL FINANCIAL AID AVAILABLE (Sum of 18-A to 18-G) (Bring total to front)	\$
19. TOTAL FINANCIAL ASSISTANCE REQUESTED (Item 17-F minus 18-H)	\$

SECTION E: CERTIFICATION (Have your school official review, sign **AND** seal this form for completion and accuracy). I have reviewed this form and believe that the information contained herein are true and accurate. The applicant has been accepted into the program or is presently enrolled in our school, is in good standing, and a full-time student in a certificate or degree program. New &/or transfer students must attach cost sheet.

SIGNATURE OF SCHOOL OFFICIAL AND SCHOOL SEAL _____ TITLE _____ DATE _____

Complete all sections legibly, White-outs may not be accepted.