

# SCHOLARSHIP APPLICATION FORM

**Pohnpei State Department of Education | Scholarship Office**

PO Box 250 | Pohnpei, FM 96941

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

Phone: 691-320-2102/2103 | Fax: 691-320-5510

**Application Deadline!**

Fall: June 30

Spring: December 30

**INSTRUCTIONS:**

1. Type or print clearly and completely. Do not leave any line blank or empty. Use N/A if not applicable.
2. Post-mail application along with copy of official transcripts, passport or birth certificate (new applicant) to Scholarship Office on or before deadline. Electronic mail of application and its associated attachments are acceptable. Application packet will not be considered, if it is incomplete, inaccurate or not signed.

<b>A. Personal Information</b>			
Applicant Name (Last, First, Middle)			Other Names, if any:
Date of Birth (Month/Day/Year)	Age:	Gender: Female _____ Male _____	Marital Status: Single _____ Married _____ Other (specify) _____
Birthplace (State, Country):		Citizenship (State, Country):	
Current Mailing Address (PO Box Number or Street Name, Apartment Number, City, State, Country, Zip Code)			
Primary Phone:		Alternative Phone:	Email Address:
<b>B. Family Information</b>			
If married, provide spouse's name:		Phone:	Email:
Parental Information (Put a check mark, if deceased)	Father ( )		Mother( )
Name (Last, First, Middle)			
Birthplace (State, Country)			
Citizenship (State, Country)			
Phone Number			
Email Address			

**C. Academic Information**

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Semester for which application is being made (Term and Year): \_\_\_\_\_

Credit Hours Earned to Date: \_\_\_\_\_ Intended Major: \_\_\_\_\_

Credit Hours to be taken during semester for which scholarship is awarded: \_\_\_\_\_

Semester Grade Point Average \_\_\_\_\_ Cumulative Grade Point Average: \_\_\_\_\_

Last Semester received financial aid from PohnpeiScholarship (Term/Year) \_\_\_\_\_ Amount \_\_\_\_\_

**D. Work & Income Information.**

Description	Applicant	Spouse	Father	Mother
FSM SS #				
USA SS # (if any)				
Job Title/Position				
Employer/Workplace				
Employer Address				
Employer Phone				
Employer Email				
Yearly Income				
Other Income(s)				
Supervisor's Name				
Job Title/Position				

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**E. Financial Information**Estimated **costs of education** and expected **financial assistances** for current school year : \_\_\_\_\_

<b>Costs</b>	<b>Fall</b>	<b>Spring</b>	<b>Total</b>
Tuition & Fees			
Textbooks & Supplies			
Room & Board			
Others costs (specify below)			
<b>Total Costs</b>			

  

<b>Assistance</b>	<b>Fall</b>	<b>Spring</b>	<b>Total</b>
Personal Funds			
Personal Loans			
Spouse Contribution			
Father Contribution			
Mother Contribution			
US Federal Aid (Pell/Work-Study)			
FSM Scholarship			
Other types of aid (specify)			
<b>Total Assistance</b>			

**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 &amp; Title of School Official: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_