

2015-2016 PCACG Supplemental Scholarship

Program Description

The Palau College Access Challenge Grant (PCACG) Program is a project of the Ministry of Education that is funded by the U.S. Department of Education's College Access Challenge Grant (CACG). It is designed to increase the number of underrepresented students entering, remaining and completing postsecondary education. It provides college preparation, financial literacy, educational planning, parental education, need-based grant aid, and other services to implement its design.

The PCACG Supplemental Scholarship is a need-based scholarship provided to Palauan students who are eligible for Title IV financial assistance (Pell Grant, FSEOG, and FWS) and are enrolled in an eligible institution of higher education.

Policies and Procedures

Student Eligibility Requirements

The general eligibility requirements for the PCACG Supplemental Scholarship are the same as the federal student aid programs. To receive PCACG Supplemental Scholarship funds, an applicant must meet the following criteria:

1. Be enrolled in an eligible program leading to a degree or certificate and be a full-time student in good standing.
2. Be a Palauan citizen.
3. Be eligible for Title IV financial assistance such as Pell Grant, Federal SEOG, or Federal Work-Study.
4. Be financially needy as demonstrated through the Free Application for Federal Student Aid (FAFSA).
5. Certify that the funds received will be used solely for educational expenses while attending a college/university.

Application Procedures

Completed applications and required documents should be submitted to the PCACG Program of the Ministry of Education, Republic of Palau.

All applicants must file their Free Application for Federal Student Aid (FAFSA) form. The result of the FAFSA will show an Expected Family Contribution (EFC) which is used to determine the financial need of the applicant.

Applicants must complete and submit Items #1-5 under Required Documents listed below no later than September 15, 2015. Item #6, Official Class Schedule for Fall Semester 2015, must be submitted within 30 days from the Last Day of the Drop/Add Period in order for your scholarship check to be processed. Otherwise, your scholarship award could be cancelled.

The application will not be processed if a required document is missing or incomplete.

Required Documents

1. Completed original 2015-2016 Palau College Access Challenge Grant (PCACG) Supplemental Scholarship Application Form.
2. Copy of Passport or Birth Certificate for citizenship verification purposes.
3. Copy of College Acceptance Letter for new students.
4. Official Academic Transcript from last school attended.
5. Copy of your Student Aid Report (SAR) which is sent to you after filing your FAFSA form.
6. Copy of your official class schedule for Fall Semester 2015 showing classes taken after the Last Day of Drop/Add period.

Award Letters and Checks

The PCACGP Award Letters will be sent to students while the scholarship checks will be sent directly to the College/University's Financial Aid Office for appropriate action. It is the responsibility of the student to follow up with the financial aid office regarding his/her scholarship and to ensure that his/her statement of account from the business office is accurate.

Contact

Forms are available from the PCACG Program website. For more information and inquiries, contact the PCACG Program.

2015-2016 PCACG Supplemental Scholarship APPLICATION FORM - STUDENT INFORMATION

Instruction: Complete this page (Sections A-D) legibly and submit it directly to the PCACG Program as soon as possible before the application deadline on September 15, 2015. Receipt of this page will allow program staff to communicate with you regarding your application. Complete section F on the next page and request the Financial Aid Officer at your school to complete Sections G-I and to send it directly to the PCACG Program.

SECTION A: PERSONAL INFORMATION

1. Name (Last, First, Middle)		2. Palau Social Security	3. U.S. Social Security
4. Current Mailing Address (P.O. Box, St., City, State, Zip)		5. Current Telephone	6. Email Address
7. Permanent Mailing Address (P.O. Box, St., City, State, Zip)			
8. Gender [] Male [] Female	9. Date of Birth	10. Place of Birth	11. Citizenship

SECTION B: PARENT/LEGALGUARDIAN INFORMATION

1. Name (Last, First, Middle)		2. Current Mailing Address	
3. Home Phone	4. Work Phone	5. Mobile Phone	

SECTION C: EDUCATIONAL INFORMATION and HISTORY

1. High School Attended or Currently Attending a. School Name: _____ b. Date graduated or will graduate: _____		
2. College or University currently enrolled in or accepted to, for which the scholarship will be applied. a. School Name: _____ b. Address _____ c. Telephone No: _____ d. Fax no: _____ e. Email address _____		
3. Field of Study	4. Type of Degree/Certificate Sought (AA, BA, etc)	5. Expected Graduation Date
6. College/university you attended most recently Name of Institution _____ Address _____		Dates Attended From: _____ To: _____

SECTION D: STUDENT CERTIFICATION

I certify that the information I have provided in this application is true and accurate to the best of my knowledge. I further certify that I will use the money received under 2015-2016 PCACG Supplemental Scholarship solely for my educational expenses while attending an eligible institution (college/university).

Signature of Applicant

Date

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APPLICATION FORM - COST/AWARD INFORMATION**

SECTION F: STUDENT REQUEST (To Be Completed by Applicant)

Applicant Name (Print): _____ Social Security #: _____

Dear Financial Aid Officer, Please help me apply for the Palau College Access Challenge Grant (PCACG) Supplemental Scholarship by completing and certifying sections G-I of this form and sending it directly to the PCACG Program (address and contact below). More information about the scholarship is available on the PCACG Program website. Thank you for your assistance.

Applicant Signature: _____ Date: _____

SECTION G: EDUCATIONAL EXPENSES (Annual Cost of Attendance)

- 1. Tuition and Fees \$ _____
- 2. Room & Board \$ _____
- 3. Books & School Supplies \$ _____
- 4. Personal Expenses \$ _____
- 5. Transportation Expenses \$ _____
- 6. Other educational costs (specify): _____ \$ _____
- 7. TOTAL EDUCATIONAL EXPENSES \$ _____

SECTION H: EXPECTED FAMILY CONTRIBUTION (EFC) and FINANCIAL AID AWARD:

- 1. EFC as shown on the Student Aid Report or the ISIR _____
- 2. Federal Pell Grant \$ _____
- 3. Federal Supplemental Educational Opportunity Grant (FSEOG) \$ _____
- 4. Federal Work-Study (FWS) \$ _____
- 5. Other sources of aid such as scholarships/grants, fellowships, sponsorships, etc.
(specify) _____ \$ _____
- 6. TOTAL FINANCIAL ASSISTANCE \$ _____

SECTION I: SCHOOL CERTIFICATION:

Name & address of Institution: _____

Telephone No.: _____ Fax No.: _____ Email: _____

I certify that the information contained herein is true and accurate. The applicant has been accepted or is presently enrolled in our institution in good standing as a full-time student in a certificate or degree program.

Print Name of Financial Aid Officer Title of Financial Aid Officer

School Seal

Signature of Financial Aid Officer Date