



## Palau College Access Challenge Grant Program

Ministry of Education, Madalaii Box 189, Koror, Palau 96940

Tel: 680.488.2952 Fax: 680.488.8465 Email: [cacg@palaumoe.net](mailto:cacg@palaumoe.net) Website: [www.palaumoe.net/cacg](http://www.palaumoe.net/cacg)

The Palau College Access Challenge Grant (PCACG) Program, is an effort by the MOE to help underrepresented Palau students obtain a post-secondary education. It is a community collaborative effort to increase the number of students from low-income families in Palau who enroll, remain, and succeed in college. The program has three broad goals: getting students ready for college in any postsecondary program, getting them into college, and getting them through college.

The program will expand existing student support services and activities available within the community to include: (1) college information sessions for students and families about higher education and financing options; (2) financial aid and FAFSA form completion workshops; (3) professional development for system-wide guidance counselors and student support personnel; (4) career and college fairs; (5) math, english, SAT and ACT enrichment classes; (6) academic summer camps and student leadership development; (7) college exposure tours; (8) need-based financial aid; (9) outreach activities for at-risk students; and (10) summer work experience programs.

### PCACG SUPPLEMENTAL SCHOLARSHIP

The PCACG Supplemental Scholarship is an implementation of item (8) need based financial aid, described above, intended to help Palauan college students stay in and succeed in college.

#### Requirements

1. Must be a Palauan citizen; Provide a copy of a birth certificate or a valid Palau passport as proof of citizenship.
2. Must be enrolled in or accepted into an accredited college, and maintain full-time status during the period for which scholarship will be applied. Provide transcript of last semester attended and official letter confirming enrollment in upcoming semester.
3. Must submit a completed original application form & all required supporting documents by the deadline for each scholarship period (May 15, 2011 for the summer session and July 15, 2011 for the fall semester).

#### Contact and Mailing Address

Questions, comments, and suggests are welcome. Email is the quickest contact medium. Copies of forms and any other documents will be placed at the website, [www.palaumoe.net/cacg](http://www.palaumoe.net/cacg).

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# PCAGC Supplemental Scholarship Application Form

There are two pages in this application. Both pages must be completed and signed. Complete all sections legibly. White-outs may not be accepted. Proof of identity must be attached (Photocopy of passport, and birth certificate if passport is not issued by Palau). Send completed application to PCACG Program, Ministry of Education, Madalaii Box 189, Koror, PW, 96940.

## Section A: Personal Information

1. Applicant Name (First, Middle, Last)		2. Gender	3. Birth Date	4. Birth Place	5. Citizenship
6. SS No (Palau)	7. SS No (US)	8. Mailing Address		9. Phone Number	10. Email Address
11. Name of Father and Mother (or legal guardians)		12. Address and Contact Info of Parents (or legal guardians)			13. Years at Address

## Section B: Educational Information and History (List all high schools and colleges attended)

14. School (name and address) currently enrolled in or accepted into, for which the scholarship is being applied				
15. Field of Study		16. Credits Earned	17. Cumulative GPA	18. Graduation date
19. List the last high school and last three colleges previously attended				
Name of Institution	Address		Dates Attended	

## Section C: Financial Information (Use information from page 3 to complete this section; line numbers refer to page 3)

20. Period Aid is Requested For (line 2 on page 3)	21. Expense (Line 11)	22. Funds (Line 19)	23. Need (Line 20)

## Section D: Certification

I certify that the information I have provided is true.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

## EDUCATIONAL COST DETAIL, PCACG Supplemental Scholarship

This form is required for the completion of Section C on page 1 of this application. Complete all sections legibly. White outs may not be accepted.

1. Name and Address of Institution: \_\_\_\_\_
2. Period Aid is Requested For (start and end date for semester or summer session) \_\_\_\_\_

### Estimated Educational Expenses

- |   |          |
|---|----------|
| 3. Testing/Application Fees                           | \$ _____ |
| 4. School Tuition/Fees                                | \$ _____ |
| 5. Books & School Supplies                            | \$ _____ |
| 6. Room & Board                                       | \$ _____ |
| 7. Health Insurance                                   | \$ _____ |
| 8. Personal Expenses                                  | \$ _____ |
| 9. Transportation Expenses                            | \$ _____ |
| 10. Other Instructional Materials (Specify)           | \$ _____ |
| 11. TOTAL EDUCATIONAL EXPENSES (Sum of lines 3 to 10) | \$ _____ |

### Estimated Financial Resources

- |  |          |
|--|----------|
| 12. Personal Funds (Cash, Savings, etc.)   | \$ _____ |
| 13. Earnings while in College, including summer earnings, research asst., (not inc. WS)    | \$ _____ |
| 14. Parental Support   | \$ _____ |
| 15. Pell Grant (Enter X if you have applied, but do not know amount of award at this time) | \$ _____ |
| 16. Supplemental Educational Opportunity   | \$ _____ |
| 17. College Work-Study Program (CWS)   | \$ _____ |
| 18. Other grants, fellowships, sponsorships, scholarships, discounts, etc. (specify)       | \$ _____ |
| 19. TOTAL FINANCIAL AID AVAILABLE (Sum of lines 12 to 18)                                  | \$ _____ |

### Estimated Financial Need

- |   |          |
|---|----------|
| 20. TOTAL FINANCIAL AID REQUESTED (Line 11 minus Line 19) | \$ _____ |
|---|----------|

**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, indicated in line 1 above, for the period indicated in line 2 above, is in good standing, and a full-time student in a certificate or degree program.

Name of School Official

\_\_\_\_\_  
Title of School Official

\_\_\_\_\_  
Signature and Sign Date of School Official

School Seal