

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.palaumoe.net/pnsb/

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 U.S.)		
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 _____	A. Cumulative GPA _____ B. Credits Earned _____
B. Cumulative Grade Point Average (GPA) _____	C. Credits Remaining for Graduation _____ D. School Year _____
14. Date of Graduation or Expected Date of Graduation (Month/Year):	E. Field of Study _____
A. High School _____ B. College _____	F. Term (S): _____ Fall _____ Winter _____ 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-I)	\$
18. TOTAL FINANCIAL AID AVAILABLE (Detail on back of form Item No. 18-H)	\$
19. TOTAL FINANCIAL ASSISTANCE REQUESTED (Item 17-I 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 Statute 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 _____ Semester(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
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