



# PALAU COMMUNITY COLLEGE

## Housing Application

Please complete this application and return it to Student Life Office. Incomplete applications will cause a delay in processing. All applications will be considered based on the date on which the completed application is received.

### Please Print or Type:

Semester & Year Applying For: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Name: \_\_\_\_\_ Gender: ( ) Male ( ) Female  
Last First Middle

Mailing Address: \_\_\_\_\_  
P.O. Box State Zip Code Phone No E-mail

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Status: ( ) New ( ) Returning ( ) Continuing  
Mo. Day Yr.

Nationality: ( ) Chuukese ( ) Kosraean ( ) Marshallese ( ) Palauan ( ) Pohnpeian ( ) Yapese  
( ) Other: \_\_\_\_\_

Specify

I understand that this is only an application and does not guarantee College Housing accommodation. If offered a housing contract, the term is for the academic year.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*The Office of Student Life will notify you of receipt of your application. If you do not receive this notification within two weeks from the date of submission, contact the Student Life.*

\* \* \* \* \*

### The applicant wishes to reside at the College Housing, please provide the following information:

#### Financial Aid Office

Is the student eligible for financial aid assistance?

( ) Yes ( ) No

\_\_\_\_\_  
Director, Financial Aid Date

#### Business Office

Applicant's outstanding balance: \$ \_\_\_\_\_

\_\_\_\_\_  
Student Account Supervisor Date

\* \* \* \* \*

( ) Approved Will move in on: \_\_\_\_\_ ( ) Disapproved: \_\_\_\_\_  
Reason for Disapproval

\_\_\_\_\_  
Director, Student Life

\_\_\_\_\_  
Date

### Return Completed Application to:

Student Life Office, Miich Bldg.  
PO Box 09 Koror, Palau 96940  
E-mail: [hildan@palau.edu](mailto:hildan@palau.edu)