



Office of Financial Aid

P.O. Box 9, Koror, Republic of Palau 96940; Telephone: 488-2470/2471; FAX: 680-488-4468
E-Mail Address: ingirairiki@palau.edu; Website address: pcc.palau.edu

2023-2024 FINANCIAL AID SUPPLEMENTAL (FAS) Form

Instruction: Complete this form if you plan to apply for federal financial aid to cover your cost of attendance for Award Year 2023-2024 and submit to the Office of Financial Aid. *Please **print in ink** all answers clearly and accurately.* Indicate N/A if not applicable.

1. Indicate the semester you wish to attend: a. Summer 2023 b. Fall 2023 c. Spring 2024
2. Name: _____ 3. _____
(Last) (First) (M) SS# (US#, if none, use your state/republic SS#)
4. _____ 5. _____
PRESENT MAILING ADDRESS: (P.O. Box City, State Zip Code) HOME PHONE WORK PHONE CELL PHONE
6. _____ 7. _____
PERMANENT MAILING ADDRESS: (P. O. Box City, State Zip Code) EMAIL ADDRESS
8. Date of Birth: _____ 9. Place of Birth _____ 10. Gender: Male Female
11. Marital Status as of today: a. Single b. unmarried & living together c. Married or Remarried d. Separated e. Divorced or Widowed Indicate Month & Year you were married, remarried, separated, divorced, widowed Date: month: _____/year: _____.
12. Country of Citizenship (check one): a. CNMI (Saipan) b. Guam c. Marshall d. Palau e. USA _____
(specify state)
 f. FSM (circle one): Chuuk, Kosrae, Pohnpei, Yap Other: _____
13. Registration Status: a. First Time b. Continuing c. Transfer d. Returning e. Readmit
14. Housing: a. On campus b. Off campus c. Off campus with parents
15. When you begin college in 2023-2024 school year, what will be your high school completion status?
 a. High school diploma: Indicate high school name _____ Date graduated _____ **OR** b. General Education Development (GED) Certificate or High School Equivalency Test (HiSET) certificate: Date received (mo/yr) _____
16. List all colleges/universities that you attended in order of most recent attendance.

Name of College/University	Address	Dates attended (mo/yr)	Degree Earned/Date graduated

17. PARENTAL/SPOUSE INFORMATION: If you are a dependent , provide information about your parents only; if you are an independent and married, provide information about your spouse only. Skip question if you are considered independent and unmarried.	
As of today, what is the marital status of your legal parents? a. <input type="checkbox"/> Never Married b. <input type="checkbox"/> Married/Remarried c. <input type="checkbox"/> Divorced/Separated d. <input type="checkbox"/> Widowed e. <input type="checkbox"/> Unmarried & both legal parents living together f. Indicate month and year they were married/remarried, separated, divorced/ widowed or unmarried & living together: Date: Month: _____/ Year: _____	
(a). Mark (X) on the appropriate box: <input type="checkbox"/> Father/Stepfather <input type="checkbox"/> Spouse	(b). <input type="checkbox"/> Mother/Stepmother
(a1). Name: _____	(b1). Name: _____
(a2). Date of Birth: _____	(b2). Date of Birth: _____
(a3). Phone: Home: _____ Work: _____ Cell: _____	(b3). Phone: Home: _____ Work: _____ Cell: _____
(a4). Was your father/stepfather/spouse employed in Fiscal Year 2021? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state occupation: _____	(b4). Was your mother/stepmother employed in Fiscal Year 2021? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state occupation: _____
(a5). Did your father/stepfather/spouse receive Pension Plan benefits for Fiscal Year 2021? <input type="checkbox"/> No <input type="checkbox"/> Yes	(b5). Did your mother/stepmother receive Pension Plan benefits for Fiscal Year 2021? <input type="checkbox"/> No <input type="checkbox"/> Yes

18. Were you employed in Fiscal Year 2021? No Yes If yes, state your occupation _____
19. Did you receive Pension Plan benefits for Fiscal Year 2021? No Yes

20. **CERTIFICATION:** I certify to the best of my knowledge that the information furnished in this application, is true and correct and I give my permission to the college to verify the information indicated above. Furthermore, I will report any changes in my enrollment status and additional financial resources received such as scholarships/grants for 2023-2024 Award Year. *(Note: All documents received are the property of PCC Office of Financial Aid and will not be released to or reproduced for anyone including the student).*

Applicant's Signature: _____

Date: _____