

## **Office of Financial Aid**

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

## 2024-2025 FINANCIAL AID SUPPLEMENTAL (FAS) Form

	<i>uction:</i> Complete this form if you plan to ubmit to the Office of Financial Aid. <i>Pla</i>					
1. I	ndicate the semester you wish to attend:	a. 🗆 Summer 2024	b. 🗆 F	Gall 2024 c. □ Sp	oring 2025	
2. N	Name:	(First)	(M)	3	US#, if none, use your state/republic SS# )	
4			5			
р 6.	<b>RESENT</b> MAILING ADDRESS: (P.O. Box City, St			HOME PHONE WO	RK PHONE CELL PHONE	
0. P	<b>ERMANENT</b> MAILING ADDRESS: ( P. O. Box City, S	State Zip Code)	/	EMAIL AI	DDRESS	
8. I	Date of Birth:	9. Place of Birth		10. Gen	der: 🗌 Male 🔲 Female	
C	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						
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. $\Box$ On campus b. $\Box$ Off campus c. $\Box$ Off campus with parents						
<ul> <li>15. When you begin college in 2024-2025 school year, what will be your high school completion status?</li> <li>a. ☐ High school diploma: Indicate high school name Date graduated OR b. ☐ General</li> </ul>						
Education Development (GED) Certificate or High School Equivalency Test (HiSET) certificate: Date received (mo/yr)						
17. List all colleges/universities that you attended in order of most recent attendance.						
	me of College/University Address			Dates attended (mo/yr)	Degree Earned/Date graduated	
18. PARENTAL/SPOUSE INFORMATION: If you are a <b>dependent</b> , provide information about your <b>parents</b> only; if you are an <b>independent</b> and married, provide information about your <b>spouse</b> only. Skip question if you are considered independent and unmarried.						
As of today, what is the marital status of your <u>legal</u> parents? a. Never Married b. Married/remarried c. Divorced/separated d. Widowed e. 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: Father/Stepfather Spouse			(b). Mother/Stepmother		
(a1).	(a1). Name:			(b1). Name:		
(a2).				(b2). Date of Birth:           (b3). Phone: Home: Work:		
(a3).	Phone: Home: Work Cell:	:	(b3).	Phone: Home: Cell:	Work:	
(a4).	(a4). Was your father/stepfather/spouse employed in Fiscal Year 2022? ☐ No ☐ Yes If yes, state occupation:			(b4). Was your mother/stepmother employed in Fiscal Year 2022? ☐ No ☐ Yes If yes, state occupation:		
				(b5). Did your mother/stepmother receive Pension Plan benefits for Fiscal Year 2022?		

19. Were you employed in Fiscal Year 2022? 
No 
Yes If yes, state your occupation \_

21. **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 2024-2025 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: