



## Office of Financial Aid

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### 2025-2026 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 2025-2026 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 2025 b. ☐ Fall 2025 c. ☐ Spring 2026
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 \_\_\_\_\_  
f. ☐ FSM (circle one): Chuuk, Kosrae, Pohnpei, Yap Other: \_\_\_\_\_ (specify state)
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 2025-2026 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.
17. Are you interested in Work Study? Yes \_\_\_ No \_\_\_

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

<b>17. PARENTAL/SPOUSE INFORMATION:</b> 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 <b>legal</b> 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"/> <b>Father/Stepfather</b> <input type="checkbox"/> <b>Spouse</b>	(b). <input type="checkbox"/> <b>Mother/Stepmother</b>
(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 2023? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state occupation: _____	(b4). Was your mother/stepmother employed in Fiscal Year 2023? <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 2023? <input type="checkbox"/> No <input type="checkbox"/> Yes	(b5). Did your mother/stepmother receive Pension Plan benefits for Fiscal Year 2023? <input type="checkbox"/> No <input type="checkbox"/> Yes

18. Were you employed in Fiscal Year 2023? ☐ No ☐ Yes If yes, state your occupation \_\_\_\_\_

19. Did you receive Pension Plan benefits for Fiscal Year 2023? ☐ 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 2025-2026 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: \_\_\_\_\_