PALAU COMMUNITY COLLEGE

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

2026-2027 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 2026-2027 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 2026 b. ☐ Fall 2026 c. ☐ Spring 2027
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. Indicate the program you wish to enroll: ___ Associate Program ____ Bachelor Program
16. When you begin college in 2026-2027 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) _____
17. Are you interested in Federal Work Study? ____ YES ___ NO
18. 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

19. **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. ☐ 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). 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 2024? ☐ No ☐ Yes If yes, state occupation: _____	(b4). Was your mother/stepmother employed in Fiscal Year 2024? ☐ No ☐ Yes If yes, state occupation: _____
(a5). Did your father/stepfather/spouse receive Pension Plan benefits for Fiscal Year 2024? ☐ No ☐ Yes	(b5). Did your mother/stepmother receive Pension Plan benefits for Fiscal Year 2024? ☐ No ☐ Yes

20. Were you employed in Fiscal Year 2024? ☐ No ☐ Yes If yes, state your occupation _____
21. Did you receive Pension Plan benefits for Fiscal Year 2024? ☐ No ☐ Yes
22. **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 2026-2027 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: _____