Pohnpei Scholarship P.O.Box 250

Kolonia, Pohnpei FM 96941 Scholarship Application Information

1. **Purpose:** The primary purpose of the Pohnpei Scholarship is to encourage Pohnpei citizens to pursue a post high school education. Any Pohnpeian citizen who is a high school senior, or a currently enrolled college student, or high school graduate (or GED) and is accepted to attend an accredited of higher education during the upcoming academic year will be considered

# NUMBER OF SCHOLARSHIPS AMOUNTS & LIMITATION ON AWARDS:

Scholarship up to an amount of “X” will be awarded, with precise amount varying due to number of eligible applicants and the amount of funds allocated to the scholarship program.

Each scholarship awarded is limited to “X” per semester. Funds will be distributed on a semester basis, in the name of the student and the school, and may be used only for valid school related expenses. Before any scholarship funds will be released for payment of second semester school related expenses, each scholarship recipient must submit to Pohnpei Scholarship his/her grade report (transcript) for the first semester and this must be received by Pohnpei Scholarship by January 30.

# ELIGIBILITY:

Any Pohnpeian citizen is eligible to apply, provided he/she will be, at the time of award, a high school graduate (or GED recipient) enrolled or attending, or accepted to attend, an accredited institution of higher education during the school year.

To maintain eligibility to receive scholarship funds for the entire academic year, a recipient must be a full time student enrolled in a degree program and must make academic progress toward his/her degree by successfully completing a full time course load each semester that scholarship funds was received. Upon receipt, grade report (transcript) for each semester must be sent to:

Pohnpei Scholarship Office P.O.Box 250

Kolonia, Pohnpei FM 96941 Email Address: mdonre@pohnpei.doe.fm

Students attending institutions where the academic year is based on a system other than the semester system (e.g., a “term” system) must be enrolled for the equivalent of a full academic year at the institution.

# INITIAL QUALIFICAION

* 1. **Applicant** must be a legal resident and **citizen of Pohnpei**
	2. **Applicant** must **be accepted or currently enrolled** in an undergraduate and graduate level of studies in an **accredited of higher education**.
	3. **Applicant** must show **proof of attendance** at or **admission into an undergraduate and graduate collegiate program on a full time basis**: minimum of twelve (12) credits or more at undergraduate level, minimum of nine (9) credits or more at graduate level
	4. **Applicant** must be in **good academic standing** at his/hers institution of attendance, with a **minimum cumulative grade point average of 2.50 or its equivalent for undergraduate and a minimum cumulative grade point average of 3.0 or its equivalent for graduate.**
	5. **Applicant** must **submit a formal application** (see Pohnpei Scholarship Application form attached) **with all required documents and letters of recommendations** attached
	6. An application containing **false, misleading or incomplete information will be disqualified.**
	7. **Applicant** must affirmatively **show the need for financial assistance** in pursuing higher education

# APPLICATION DETAILS & DEADLINE:

* 1. To be considered, the Scholarship Office must receive the application and the following additional documents no later than August 30 for Fall semester and January 30 for Spring semester:
		1. Acceptance letter
		2. Latest transcript
		3. Copy of Birth Certificate or Passport (new student only)
		4. Three (3) recommendation letters (preferably from teachers, counselors, school administrators or religious leaders)
	2. Scholarship application form must be filled in completely and accurately in the applicant’s own handwriting or typewritten, put N/A in blanks which do not apply. The completed form consists of :
		1. Personal Information
		2. Parent Information
		3. Education Information
		4. Financial Information
		5. Reason for Seeking Training
		6. Certification
	3. It is the applicant’s responsibility to insure that the prospective educational institution completes Part D1 & D2 and Part F.2 of the Scholarship application
	4. Please remember that all mail service to/from Pohnpei can take two weeks or more, even within FSM. Applicants should plan accordingly. Please send the application plus all other required information to:

Pohnpei Scholarship Office P.O.Box 250

Kolonia, Pohnpei FM 96941

# REVIEW & APPROVAL:

The Scholarship Coordinator will do the initial screening of applications and present to Board of Education for final review and approval. All applicants; awarded, not awarded, will be notified immediately by the Scholarship Coordinator

**For further information, please contact our Scholarship Office**

 Pohnpei Scholarship Office P.O.Box 250

Kolonia Pohnpei FM 96941 Telephone: 320-2103

Email Address: mdonre@pohnpei.doe.fm

****POHNPEI STATE GOVERNMENT

**IMPORTANT**

Deadline for submission:
Fall—August 30

Spring—January 30

Department of Education Post Office Box 250

Kolonia, Pohnpei State, FM Tel: (691) 320-2102/2103

**Email:** **mdonre@pohnpei.doe.fm**

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| **A. Personal Information** |
| **Family Name** | **Given Name(s)** | **Municipality** |
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|  |  |  |
| **Male:** |  | **Female:** |  | **Age:** |  |

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| **Date of Birth (dd/mm/yy):** | **Place of Birth:** | **Marital Status:**  |  |  |  |
|  |  | **Single** |  | **Married** |  |  |
|  |  |  |  |  |  |
| **Social Security:** |  | **Mailing Address:** | **E‐Mail Address:** |  |  |
| **FM:** |  |  | **P.O. BOX:** |  | **Telephone:** |  |  |
| **U.S.:** |  |  | **City:** |  | **Fax:** |  |  |
|  |  |  | **State:** |  | **If married,** **Name of Spouse:** |  |  |
|  |  |  | **Zip Code:** |  | **No. of Dependents:** |  |  |
|  |  |  |  |  | **Spouse Income:** |  |  |
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**B: Parent/**

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| **B. Parent/Guardian Information** |
| **Father’s Name & Address:** | **Father’s Employer: Name & Address**: | **Father Annual Income:** |
| **Mother’s Name & Address:** | **Mother’s Employer: Name & Address:** | **Mother Annual Income:** |
| **Guardian Name & Address:** | **Guardian’s Employer: Name & Address** | **Guardian Annual Income:** |

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| **C. Education Information** |
| **Name & Address of Secondary Attended:** | **Name & Address of Post Secondary Institution Where Financial aid will be use:** |
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| **Applying to enter:**  |  | **Date Transcript Requested:** |  |
| **Admitted:** |  | **Date by which aid requested:** |  |
| **Academic Year:** |  |  |  |
| **Name & Address of School Official who should be****notified of the amount and term of your financial aid:** | **College standing at time financial aid will be used:** |  |
| **Fresh** |  | **Soph** |  | **Junior** |  | **Senior** |  |  |
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| **Date of Graduation:** |  |  |
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| **Cumulative Grade:** |  |  |
|  |  |  | **Grade point Average** |  |
| **Date Term:** | **Period of Study:** |  |  |
| **Begin:** |  |  | **End:** |  |  | **Fall:** |  |  | **Spring:** |  |
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| **Expected date of Graduation:** |  |  |  |  |  |  |  |  |
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| **Proposed Study Program (Level of Study)** |
|  |  | **Undergraduate Degree** |  |  |  | **Vocational Training – Diploma/Certificate** |  |
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|  |  | **Master (research)** |  |  |  | **Postgraduate** |  |
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|  |  | **Masters (course work)** |  |  |  |  |  |

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| **Proposed Study Program (Intended Degree of Study)** |
| **Level(Undergraduate/Post Graduate** | **Intended Degree of Study** | **Major (Specific Focus)** |
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| **D. Financial Information** |
|  **D1. Estimated Education Expenses per Academic Year** |
| **Testing** | **Fall** | **Spring** | **Total** |
| **School Tuition Fees** |  |  |  |
| **Books and School Supplies** |  |  |  |
| **Room & Board** |  |  |  |
| **Personal Expenses** |  |  |  |
| **Transportation Expenses** |  |  |  |
| **Other Expenses (Specify)** |  |  |  |
| **Total Education Expenses (sum of fall and spring)** |  |  |  |

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|  **D.2 Estimated Financial Aid Assistance per Academic Year** |
| **Personal Funds (cash, saving, etc)** | **Fall** | **Spring** | **Total** |
| **Private Loan** |  |  |  |
| **Earning While in School** |  |  |  |
| **Parental Support** |  |  |  |
| **Spouse’s Support** |  |  |  |
| **Others (specify)** |  |  |  |
| **Federal Pell Grant (place X if applied)** |  |  |  |
| **Federal Work Study Program** |  |  |  |
| **Total Financial Assistance Aid Available** |  |  |  |
| **Amount of Financial Assistance required to meet Educational Expenses** |  |  |  |

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|  | **OTHER FINANCIAL AWARDS (SCHOLARSHIPS,LOANs & OTHERS) AND SOURCES*****Note: The applicant must list all of his /hers sources and amounts and enter below:*** |  |
| **1. Name/Title of Award** | **2. Name of Source** | **3. Amount** | **4. Fiscal Year** |
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| **E. Reason for Seeking Training: (attach more pages, if requires)** |
|  | **How will the proposed training benefit your country?** |  |
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|  | **What skills do you intend to learn from the proposed training?** |  |
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| **F. CERTIFICATION BY APPLICANT & SCHOOL OFFICIAL** |
| **F.1 STUDENT:** |
| ***I,*** |  | ***, hereby apply for financial Assistance in the amount of*** |
| ***$*** |  | ***for Academic Year*** |  | ***under Financial Assistance sources from Pohnpei*** |
| ***State Government and other sources to help meet my Educational Expenses. I have applied Aid*** |
| ***to financial Assistance Program and from the Institutional Financial Aid Programs for which I*** |
| ***am eligible.*** |
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| **Student Signature** |  | **Date** |  |
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| **F.2 SCHOOL OFFICIAL REPRESENTATIVE:** |
| ***I, the Director of Financial Aid or my designee, hereby certifies that the cost of attendance and*** |
| ***the financial assistance provided in this application are, to the best of my knowledge and belief*** |
| ***true and accurate.*** |
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|  | **Print Your Name** |  |  | **Signature** |  |
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|  | **Address** | **Telephone** | **Fax** | **Email** |  |
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