

KAYANGEL SCHOLARSHIP

CRITERIA FOR SELECTING THE RECIPIENT

The KAYANGEL SCHOLARSHIP is offering one (1) scholarship to a graduating high school senior from the state of Kayangel who has been accepted to an institute of post secondary education. The recipient will receive an award of one thousand dollars (\$1,000.00) for one academic year that will be paid at the beginning of Fall semester.

The following criteria and conditions are hereby established for selecting the KAYANGEL SCHOLARSHIP recipient:

- 1. An applicant must be from Kayangel. Provide a copy of birth certificate and passport;*
- 2. At least one parent or applicant must be a registered voter of Kayangel state.*
- 3. An applicant must be accepted to an institute of post secondary education. Provide copy of an acceptance Letter;*
- 4. An applicant must have a cumulative grade point average of at least 3.00. Provide an official high school transcript. (The applicant with the highest GPA will win the scholarship.*

******Deadline for submitting scholarship application and all other required supporting documents is JULY 31ST of each year. Application Form must be completed and received at the Palau National Scholarship Office no later than the deadline date for it to be considered in the selection process. One student will be selected as a recipient of the KAYANGEL SCHOLARSHIP. ******

Approved this _____ day of August 2009.

APPLICATION FOR KAYANGEL SCHOLARSHIP

PALAU NATIONAL SCHOLARSHIP BOARD

PO BOX 1608

KOROR, PALAU 96940

TELEPHONE: (680) 488-3608

FAX: (680) 488-3602; EMAIL: pnsb@palaunet.com

(READ INSTRUCTIONS ON THE REVERSE SIDE OF THIS APPLICATION FORM CAREFULLY)

Please type or print legibly in black or blue ink. Submit the completed application to the Palau National Scholarship Office on or before the designated deadline date. Late and incomplete application packets will not be considered.

NAME OF APPLICANT (Last, First, Middle)				NAME & ADDRESS OF FATHER (Last, First)		KAYANGEL VOTER
						YES / NO
MAILING ADDRESS (BOX NO., CITY, ST, ZIP, PHONE)				NAME & ADDRESS OF MOTHER (LAST, FIRST)		YES / NO
						YES / NO
GENDER	AGE	D.O.B	CITIZENSHIP	FIELD OF STUDY		
NAME & LOCATION OF ELEMENTARY SCHOOL (graduated from)				HIGH SCHOOL CUMULATIVE GPA		
NAME & LOCATION OF HIGH SCHOOL (graduated from)				NAME & LOCATION OF COLLEGE/UNIVERSITY (Applying to)		
DESCRIBE HOW YOU ARE A CITIZEN OF KAYANGEL STATE AND WHAT YOU MAY BE ABLE TO CONTRIBUTE TO THE STATE OF KAYANGEL UPON COMPLETION OF YOUR DEGREE. (If you need more space you may use a separate paper & attach to your application)						
I HEREBY DECLARE THAT THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.						
APPLICANT SIGNATURE				DATE		

DOCUMENT CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> COPY OF PASSPORT
<input type="checkbox"/> COPY OF BIRTH CERTIFICATE
<input type="checkbox"/> OFFICIAL HIGH SCHOOL TRANSCRIPT | <input type="checkbox"/> COPY OF AN ACCEPTANCE LETTER
<input type="checkbox"/> VERIFICATION OF VOTER'S REGISTRATION-KAYANGEL |
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