

# DR. ELIUEL K. PRETRICK MEMORIAL SCHOLARSHIP

Fall Semester 2018

## 1. Purpose

The primary purpose of the Dr. Eliuel K. Pretrick Memorial Scholarship is to encourage citizens of the Federated States of Micronesia (FSM) to pursue a post secondary education and receive a 4-year University Bachelor of Arts or Science (BA or BS) Degree in Physical Education or Sports Administration.

## 2. Number of Scholarships, Amount, and Limitations on Awards

One (1) scholarship, in the amount of Ten Thousand Dollars (\$10,000.00) will be awarded.

Scholarship award will be made payable to the student and the school on a per semester basis in equal payments of \$5,000 per semester. Before a second payment can be released, the scholarship recipient must submit an official transcript and valid proof to the Dr. Eliuel K. Pretrick Memorial Scholarship Committee that the funds were expended for valid school related costs. Such proof shall, at a minimum, consist of "Paid" receipts certified by the school.

## 3. Eligibility Requirements

- Must be a citizen of the Federated States of Micronesia.
- Must have completed an Associate's Degree with a minimum cumulative grade point average of 2.5 (on a 4.0 scale) and is currently enrolled college student.
- Must have been accepted for admission into an accredited four-year institution, majoring in Physical Education or Sport Administration.
- Must enroll as a full-time student.

## 4. Qualification and Basis of Selection

### I. Required:

- A. Applicants must affirmatively show the need for financial assistance in pursuing higher education.
- B. At a minimum, an applicant must have actively participated in at least one verifiable community service program within the past 12 months.
- C. Applicants must submit a formal application (see Scholarship Application Form, attached), with all required documentation and letters of recommendation attached thereto.
- D. Three (3) letters of recommendation must be submitted as part of the application package, preferably from teachers, counselors, school administrators, or religious leaders. Letters from close relatives will not be considered. Deadline for submitting recommendation letters is on June 1, 2012.
- E. Any application containing false, misleading, or incomplete information will be disqualified.

### II. Recommended:

- A. Applicant should be an individual who is active in physical education and sport in the community, with the knowledge and experience to demonstrate the majority of the sports played in Micronesia.
- B. Applicant should be an individual who has impressed fellow students, members of the faculty, and/or members of the community as a person who is deserving of a chance to continue his/her education,

with the demonstrated ability, industriousness, dependability, and determination to pursue higher education and achieve his/her goals.

- C. Applicant should show a true desire and ability to further his/her education, and should be an active participant in school, church, and/or community activities that ultimately contribute to the betterment of his/her community.
- D. Applicant should be an individual who plans ultimately to work and live in the FSM in his/her chosen profession.

## 5. Application Details and Deadline

- I. The **Dr. Eliuel K. Pretrick Memorial Scholarship Committee** must receive applications containing the following information *no later than* **June 1, 2018** to be considered.
- II. The Scholarship Application Form, which must be filled-out completely and accurately in the applicant's own handwriting. The complete form consists of:

<b>Part I</b>	<b>General Information</b>
<b>Part II</b>	<b>Financial Information</b>
<b>Part III</b>	<b>Education and Training</b>
<b>Part IV</b>	<b>Career Objectives Essay</b>
<b>Part V</b>	<b>Honors/Awards/Community Service</b>
<b>Part VI</b>	<b>Scholarship Agreement Form</b>

Please express your thoughts carefully and concisely, without adding additional pages to the application form. Remember, it is important to answer all questions thoroughly and honestly. Please be aware that the Scholarship Committee will consider correct English, grammar use, and spelling in review of all applications.

Three (3) letters of recommendation, preferably from teachers, counselors, school administrators, or religious leaders.

Proof of enrollment or acceptance at the applicable institution of higher education.

- III. In addition, your school office must send a copy of your school transcript, including cumulative grade point average, directly to the Scholarship Committee. Applications will not be considered complete until the Scholarship Committee receives the Applicant's school transcript.
- IV. Please send all information to:

**Dr. Eliuel K. Pretrick Memorial Scholarship Committee**  
**PO Box PS319**  
**Paliker, Pohnpei FM 96941**

Or handcarry to the following Scholarship Committee Officers:

**Jim Tobin**  
FSM National Olympic Committee  
Tel: 320-8914

**Moses Pretrick**  
Department of Health and Social Affairs, FSM National Government  
Tel: 320-8300

Note: *Please remember that mail service to and from the Pohnpei can take two weeks or more, even within the FSM. Applicants should plan accordingly.*

## **6. Review and Interview**

The Dr. Eliuel K. Pretrick Memorial Scholarship Committee will do initial screening of applications. After a thorough review and assessment of each candidate's information, finalists will be selected. When necessary in the sole discretion of the committee, candidates may be contacted for further information and/or interviews (which may be conducted in-person or by telephone) prior to final selection.

## **7. Final Selection**

All selections made by the Dr. Eliuel K. Pretrick Memorial Scholarship Committee will be final.

**For further information, please contact your school counselor, financial aid advisor  
or Dr. Eliuel. K. Pretrick Scholarship Committee.**

**Jim Tobin**                      Secretary-Treasurer      [fsmnoc@mail.fm](mailto:fsmnoc@mail.fm)

**Moses Pretrick**              Committee Member          [MPretrick@fsmhealth.fm](mailto:MPretrick@fsmhealth.fm)

# DR. ELIUEL K. PRETRICK MEMORIAL SCHOLARSHIP

## COLLEGE SCHOLARSHIP APPLICATION

School Year: Fall Semester 2012

### Part I. General Information

#### Personal Information:

Name \_\_\_\_\_  
*First Middle Last*

Address \_\_\_\_\_  
*No./Street/PO Box City State Zip Code*

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place \_\_\_\_\_ FSM SS# \_\_\_\_\_

Check one: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

If married, spouse's name and age \_\_\_\_\_

Children? Yes \_\_\_ No \_\_\_ If yes, please lists name and age of each.

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### Part II. Family/Financial Information

#### I. Parents or Legal Guardians:

A. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

B. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

#### C. Please list all family members living with you (include ages)

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#### II. Please list all family members employed and income(s)

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III. Does your family have any unusual or extraordinary expenses? (e.g. Medical Expenses)

Please Explain:

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IV. Have you received or applied for any grants or other scholarships?

Type	Received (Yes or No)	Applied (Yes or No)	Amount
PELL			
STATE			
MOBIL			
CONTINENTAL			
BYRD			
ROTARY INTERNATIONAL			
OTHERS			

### Part III. Education and Training

I. Education

- a. School \_\_\_\_\_
- b. Degree earned \_\_\_\_\_ Years attended \_\_\_\_\_
- c. Major \_\_\_\_\_ Minor \_\_\_\_\_

II. Training

- a. Training area \_\_\_\_\_  
Institute \_\_\_\_\_
- b. Training period \_\_\_\_\_
- c. Diploma/Certificate \_\_\_\_\_
  
- d. Training area \_\_\_\_\_  
Institute \_\_\_\_\_
- e. Training period \_\_\_\_\_
- f. Diploma/Certificate \_\_\_\_\_

**Part IV. Career Objectives**

I. **College/Area of Study/Career Objectives:** Please list (a) the name and address of the school you plan to attend/are attending; (b) your intended major and minor fields of study; and (c) your career objectives.

a. School \_\_\_\_\_

b. Major \_\_\_\_\_ Minor \_\_\_\_\_

c. Career Objectives \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

II. **Letters of Recommendation:** Please list the name, address, phone number, position and relationship to you (if any) if each person you have asked to write letters of recommendation. It is the applicant's responsibility to ensure that these letters of recommendation are sent.

a. Name \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b. Name \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c. Name \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

III. **Permanent Contact:** Please list the name, mailing address, phone number and relationship to you of someone who will always be able to reach you:

a. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address \_\_\_\_\_

IV. **Essay:** Please explain your reasons for choosing your career objectives.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



II. **Community Service/Extra-curricular Activities:** Please list any community service projects in which you are/have been involved and your extra-curricular activities, noting the dates of involvement:

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I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THE FOREGOING IS TRUE, COMPLETE AND ACCURATE.

Signed \_\_\_\_\_ Date \_\_\_\_\_



In accepting this scholarship award, I commit myself to and agree as follows:

1. I pledge that I will not change the major field of study for which I was initially awarded this scholarship. If I change my major to another field of study, my eligibility for this scholarship will be terminated.
2. I pledge that I will complete the course of study within the prescribed period of study for the field of major for which I was awarded this scholarship.
3. I pledge that I will carry a full-time load each semester of my studies. (Full-time load is defined as a minimum of 12 credit hours each semester)
4. I pledge that at the end of each semester, I will provide an original copy of my transcript of records to the Dr. Eliuel K. Pretrick Memorial Scholarship Committee showing a grade point average (GPA) of at least 2.5 or better based on a full-time load.
5. I pledge to return to the FSM to provide services in my field of specialty for at least one year for every year that I was a recipient of this scholarship. If I opted to work abroad after the completion of my studies or the lack thereof, I will repay 50% of the total amount I received in scholarship to the Committee.
6. I pledge that if I failed to meet conditions 1-5 above, I will pay back to the Dr. Pretrick Memorial Scholarship the full amount that I received in scholarship for my education.

**Scholarship Recipient:** After reading, understanding, and committing to the above conditions, kindly sign your part, have your witness sign her/his part and submit it to the Committee.

_____	_____	_____
Please Print Your Name	Signature	Date

**Witnessed By:**

_____	_____	
_____	_____	_____
Please Print Your Name	Signature	Date

_____	_____
Relationship to scholarship applicant	Job Title