

Children of Fallen Heroes Scholarship Application

Student Name and ID:	 910

ELIGIBILITY REQUIREMENTS

Under this scholarship, beginning with the 2018-2019 award year, a Pell-eligible student whose parent or guardian died in the line of duty while performing as a public safety officer is eligible to receive a maximum Pell Grant for the award year for which the determination of eligibility is made. All Title IV aid awarded to such eligible students must be based on an EFC of zero without regard to the student's calculated EFC.

To qualify for this scholarship, a student must be Pell-eligible and have a Pell-eligible EFC (up to 6,206 for the 2022-2023 award year), and be less than 24 years of age or enrolled at an institution of higher education at the time of his or her parent's or guardian's death. In subsequent award years, the student continues to be eligible for the scholarship, as long as the student has a Pell-eligible EFC and continues to be an eligible student.

For purposes of the Children of Fallen Heroes Scholarship, a public safety officer is:

- As defined in section 1204 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796b);
- A fire police officer, defined as an individual who is serving in accordance with state or local law as an officially recognized or designated member of a legally organized public safety agency and provides scene security or directs traffic in response to any fire drill, fire call, or other fire, rescue, or police emergency, or at a planned

special event.	,,	, ,			-
COMPLETE THE FOLLOWING					
Date of Birth: / / Date of Pare	nt/Guardian's Death:	/ /	Was ur	nder age 24? 🗆 Y	es / 🗆 No
Phone Number: () -	Enrolled in college	at time of pa	rent/guard	dian's death? 🗆 Y	es / 🗆 No
Mailing address:	City:	Sta	ate:	Zip code:	
ATTACH PROOF OF ELIGIBILITY					
The Children of Fallen Heroes Scholarship red document, in collaboration with the student, of higher education at the time of his or her p	that the student was les arent's or guardian's dea	ss than 24 yea ath.	ars of age o	or enrolled at an i	nstitution
CHECK AT LEAST ONE OF THE OPTIONS BI ☐ A determination letter acknowledgin Benefit (PSOB) program administered ☐ A written letter of attestation or dete other relevant oversight authority of officer as defined above; ☐ Documentation of the student qualifyi family members of a public safety offic as noted above; or ☐ Other documentation from a credible occupation of the parent or guardian. ☐ I submitted proof of eligibility in a prior ye I certify that the above information and attach	by the Department of Justin by the Department of Justin Individual who died an individual who died and for a state tuition or other consistent with the decrease and remain eligible the	federal bene ustice; ate or local go in the line of other state be efinition in 42 or reports the nis year.	overnment duty while nefit accor U.S.C. 379	the Public Safet official with supe e serving as a pub- ded to the childre l6b, or as a fire pol ances of the deat	y Officers ervisory or olic safety n or other ice officer h and the
Date:	Student signature	::			
COEUSA22 1				Questions2 Call 549	1 062 2550

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