On your 2024-25 financial aid application, you indicated that you are child of a parent or guardian who died in the line of duty. Please complete this form by checking one of the boxes below, sign and submit it, along with any required documentation, to the financial aid office. Include your student ID number on all documentation submitted. You should make a copy of this form and all documents for your records.

□ I am the child of a parent or guardian who died in the line of duty while either (a) serving on active duty as a member of the U.S. Armed Forces on or after September 11, 2001; or (b) actively serving as and performing the duties of a public safety officer; and I am less than 33 years old as of January 1, 2024.

□ I made an error on my financial aid application. I am not a child of a parent or guardian who died in the line of duty.

If you checked the first box, you must provide supporting documentation. Acceptable documentation may include, but is not limited to, the following:

- A copy of the servicemember’s DD Form 1300 (Report of Casualty) which documents death in the line of duty.
- A copy of the servicemember’s DD Form 214 and death certificate, documenting that the date and cause of death occurred during and as a result of active duty.
- A copy of a Department of Veterans Affairs Death Narrative Document
- A determination letter acknowledging eligibility for certain federal benefits under the Public Safety Officers Benefit (PSOB) program administered by the Department of Justice.
- A written letter of attestation or determination made by a state or local government official with supervisory or other relevant oversight authority of an individual who died in the line of duty while serving as a public safety officer.
- Documentation of the student qualifying for a state tuition or other state benefit accorded to the children or other family members of a public safety officer.
- Other documentation the school determines to be from a credible source that describes or reports the circumstances of the death and the eligible occupation of the parent or guardian.

Sign this Worksheet

By signing this worksheet, you certify that all information reported on this worksheet is complete and correct. If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

__________________________________________  _______________________
Student’s Signature                        Date

Financial Aid Office Use Only

□ Qualifies for Maximum Pell Grant
□ Not eligible.

Comments Supporting Decision: _________________________________________

Date of Review: ________________________  Reviewed by: _________________________________________