Children of Fallen Heroes Scholarship Information & Application

Date: ___________________________   Student ID: ___________________________

Last Name: _______________________   First Name: ___________________________

Name of Hero: _____________________   Relationship: _________________________

Eligibility:
- Must be Pell eligible.
- Parent or guardian died in the line of duty while performing as a public safety officer.
- Be under the age of 24 OR enrolled at an institution of higher education at the time of the Hero’s death.
- Scholarship is renewable as long as the student is Pell eligible and enrolled.
- Incomplete applications or applications without documentation will not be reviewed.

Scholarship Value
Full Pell award (amount varies by academic year and enrollment). All federal aid will also be based on a zero EFC.

Documentation (submit ONE of the following):

1.) documentation from a credible source that describes or reports the circumstances of the death and the occupation of the parent or guardian.
2.) a 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 as defined above;
3.) a letter acknowledging eligibility for certain federal benefits under the Public Safety Officers Benefit (PSOB) program administered by the Department of Justice;
4.) 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 consistent with the definition in 42 U.S.C. 3796b, or as a fire police officer as noted above;

CERTIFICATION

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all financial assistance.

_________________________________________  ___________________________
Student Signature                              Date

_________________________________________  ___________________________
Parent Signature (Required for Dependent Students)  Date

Submit completed form to The Solution Center
The Solution Center | 220 Pawtucket Street, Ste. 131 | Lowell, MA 01854 | T: 978-934-2000 | F: 978-934-2041 | E: TheSolutionCenter@uml.edu