



Children of Fallen Heroes Scholarship Application

Student Name: _____

Student ID: _____

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 SAI of zero without regard to the student's calculated SAI.

To qualify for this scholarship, a student must be Pell-eligible and have a Pell-eligible SAI, 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 SAI 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); or
- 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 Parent/Guardian's Death: / / Was under age 24? ☐ Yes/☐ No

Phone Number: () - Enrolled in college at time of parent/guardian's death? ☐ Yes/☐ No

Mailing address: City: State: Zip code:

ATTACH PROOF OF ELIGIBILITY

The Children of Fallen Heroes Scholarship requires the institution's financial aid administrator (FAA) to determine and document, in collaboration with the student, that the student was 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.

CHECK AT LEAST ONE OF THE OPTIONS BELOW AND ATTACH APPLICABLE DOCUMENT(S) TO APPLICATION

- ☐ 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 as defined above;
 - ☐ 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; or
 - ☐ Other documentation from a credible source that describes or reports the circumstances of the death and the occupation of the parent or guardian.
- ☐ I submitted proof of eligibility in a prior year and remain eligible this year.

I certify that the above information and attached documents are true and correct, and that I qualify for this.

Date: _____

Student signature: _____

Submit this application to Carroll College Office of Financial Aid 1061 N Benton Ave, Helena MT 59625. 800-992-3648 Ext. 5425,

Email fao@carroll.edu, Fax 406-447-5187 **FACXXFHS**