Children of Fallen Heroes Scholarship Application

Student ID Number: _____ Email: _____

Student's
Full Legal Name:
(**Please print clearly**) _____ , _____
Last **First** **Middle**

Family Information: The following information pertains to the parent or guardian who died in the line of duty while serving as a public safety officer.

1. Last name: _____ First name: _____ MI: _____

2. Relationship of deceased person to student: _____

3. Type of public safety officer, as defined in Section 1205 of the Omnibus Crime Control And Safe Streets Act of 1968. **Select one:**

☐ An individual serving a public agency in an official capacity, with or without compensation, as a:
- Law enforcement officer
- Firefighter
- Chaplain

☐ An employee of the Federal Emergency Management Agency (FEMA) who is performing official duties of the agency, if those official duties are related to a major disaster or emergency that has been, or is later declared to exist with respect to the area under the Robert T. Stafford Disaster Relief and Emergency Assistance Act; and are determined by FEMA to be hazardous duties;

☐ An employee of a state, local, or tribal emergency management or civil defense agency who is performing official duties in cooperation with FEMA, if those official duties are related to a major disaster or emergency that has been, or is later declared to exist with respect to the area under the Robert T. Stafford Disaster Relief and Emergency Assistance Act; and are determined by the agency to be hazardous duties;

☐ A member of a rescue squad or ambulance crew who, as authorized or licensed by law and by the applicable agency or entity, is engaging in rescue activity or in the provision of emergency medical services

☐ 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.

4. Name of public safety facility served: _____

To qualify for the scholarship, a student must be:

1. Otherwise Pell-eligible
2. Have a Pell-eligible Student Aid Index (SAI) higher than 0
3. 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

Required Supporting Documentation

1. Completed Free Application for Federal Student Aid (FAFSA). The FAFSA may be submitted through fafsa.ed.gov. VT's school code is 003754.
2. **Copy** of student's birth certificate. **DO NOT SEND ORIGINAL DOCUMENT**
3. **Copy** of parent/guardian's death certificate. **DO NOT SEND ORIGINAL DOCUMENT**
4. Verification that parent/guardian died in the line of duty while serving as a public safety officer:
    a) A determination letter acknowledging eligibility for certain federal benefits under the Public Safety Officers Benefit (PSOB) program administered by the Department of Justice; OR
    b) 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; OR
    c) 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
    d) Other documentation from a credible source, subject to school determination, that describes or reports the circumstances of the death and the occupation of the parent or guardian.
5. If applying due to the death of a step-parent, a copy of a marriage certificate indicating the step-parent's marriage to the biological parent is also required.
6. If the student was older than 24 at the time of the parent's death, a copy of an unofficial transcript or grade report from a college or university indicating the student was enrolled at the time of the parent's death is also required.

Student Signature: _____ **Date** _____

No electronic or typed signatures

For the security of your personal information, the Virginia Tech Office of University Scholarships and Financial Aid does not accept completed forms sent via email. Please return completed forms to us via the document uploader, https://finaid.vt.edu/documentuploader.html, or by fax, 540-231-9139.