

2021-2022 Children of Fallen Heroes Application



Complete Form & Return via:
Mail: Office of Financial Aid
9201 University City Blvd. Charlotte, NC 28223
Fax: (704) 687-1461
On Campus: Niner Central, 380 Cone Center
Reminder: No SSN can be accepted via email

Student Name: _____ Student ID: _____
Last First

Email: _____ Phone: _____

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 (**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: _____

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To be eligible, a student must be:

1. Otherwise Pell-eligible
2. Have a Pell-eligible EFC 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 StudentAid.gov. UNC Charlotte's school code is 002975.
2. **Copy** of student's birth certificate. **DO NOT SEND ORIGINAL DOCUMENT**
3. **Copy** of 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. Additional document required if student is eligible due to death of step-parent: Copy of marriage certificate
6. Additional document required if parent or guardian died when student was older than 24: Copy of unofficial transcript or grade report from institution of higher education showing that student was actively enrolled at the time of parent or guardian's death.

I certify under penalty of perjury that the information I have reported to qualify for federal student aid is complete and accurate. I understand that additional information may be required if this form is incomplete, if documentation is missing, unclear, or insufficient, or if additional questions arise based on the information provided. **Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.**

Student signature

Date