



## Children of Fallen Heroes Application

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

***Please provide the following information about the identity of the Fallen Hero and your relationship to him or her:***

Name of Fallen Hero: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Position: (e.g. fire or police officer) \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_

***Submit one of the following supporting documents:***

1. A determination letter acknowledging eligibility for certain federal benefits under the Public Safety Officers Benefit (PSOB) program administered by the US Department of Justice;
2. A written letter of attestation or determination made by the 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. 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 or fire or police officer consistent with the definition above;
4. Any documentation from a credible source that reports or describe the death of the fallen hero (*i.e., newspaper articles, press release and/or obituary*)

***You will be notified by when the application has been reviewed, and whether any additional supporting documentation is required.***

*I certify that the above information and supporting documents are true and correct.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date