



Children of Fallen Heroes Scholarship Application

STUDENT NAME: _____ SCC ID / SSN: _____

Eligibility Requirements:

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

To qualify for this scholarship, a student must be Pell-eligible and have a Pell-eligible EFC, 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 EFC 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 or 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.

Section 1: Student Information

1. Date of Birth: ____/____/____
2. Did your parent or guardian die in the line of duty while performing as a public safety officer? ☐ YES ☐ NO
3. Please check only one of the following options:
 - ☐ I was 23 years of age or younger when my parent or guardian died.
 - ☐ At the time of my parent or guardian's death, I was age 24 or older and I had already enrolled at the following institution of higher education:
 - Institution Name: _____
 - ☐ At the time of my parent or guardian's death, I was age 24 or older, and I had NOT enrolled at any institution of higher education. I am ineligible for the Children of Fallen Heroes Scholarship.

Section 2: Fallen Hero's Information

1. Name of Fallen Hero: _____
2. Relationship to student: _____
3. Fallen Hero's Employer: _____
4. Fallen Hero's Position Title: _____
5. Date of death (please attach proof): ____/____/____

Section 3: 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.

Attach Proof of Eligibility (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;
- ☐ 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.

Section 4: Certifications, Signatures and Contact Information:

By signing below, I certify that all information reported to qualify for federal financial assistance is complete and correct.

Student Signature: _____ **Date:** _____

***Student's Mailing Address:** _____
Street City State and Zip

***Student's Telephone Numbers:** _____
Home Cell

WARNING: If you purposely give false or misleading information, you may be fined; sentenced to prison or both.

*Spartanburg Community College – Financial Aid Office
P.O. Box 4386, Spartanburg, S.C. 29305
Phone: (864) 592-4810 Toll Free: 1-888-591-3810 Fax: (864) 592-4945*

~~~~~For Internal Purposes Only~~~~~

Is the student eligible for Pell Grant? YES NO Is the student dependent? YES NO

*Comments:* **Approved** **Denied** **Incomplete**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAA Signature: \_\_\_\_\_ Date: \_\_\_\_\_