

## Children of Fallen Heroes Scholarship Application

### Eligibility Requirements

Pell eligible students whose parent or guardian died in the line of duty while performing as a public safety officer are eligible to receive a maximum Pell Grant for the award year they are proven to be eligible. This aid is based on an adjusted Expected Family Contribution (EFC) of zero, regardless of the student's calculated EFC. In order to be eligible a student must:

- Be otherwise Pell-eligible.
- Have a Pell-eligible EFC greater than \$0 but less than the yearly maximum Pell EFC each year.
- Be less than 24 years of age OR enrolled at an institution of higher education at the time of their parent or guardian's death.

This is a renewable scholarship as long as the student meets the above criteria and their parent or guardian, who was a public safety officer, died while on duty. Public safety officers include individuals working for a public agency in an official capacity such as law enforcement, firefighter, FEMA personnel, rescue or ambulance crew. For specific criteria, please refer to the federal guidelines. After referring to the federal guidelines, if you feel you qualify, continue to fill out this form for determination of eligibility. The Financial Aid office requires documentation of the death of the parent and whether they were a public safety officer on the job at the time of their death.

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

Parent/Guardian's Name \_\_\_\_\_ Date of Death \_\_\_\_\_

Were you enrolled in college at time of parent/guardian's death? \_\_\_\_\_

### Attach Proof of Eligibility

\_\_\_ A signed statement from the student explaining that they meet the eligibility requirements,  
AND

\_\_\_ A determination letter acknowledging eligibility for certain federal benefits under the Public Safety Officers (PSOB) program administered by the Department of Justice, OR

\_\_\_ A written letter of attestation of 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.

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

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

Submit completed form to:

### Financial Aid Advising

3345 Redwood Highway, Grants Pass, OR 97527

General Phone: 541.956.7501 Fax: 541.471.3585

Email: Refer to <https://web.roguecc.edu/advising/contact-advisor>  
for your specific FinAid Advisor's email per your pathway