

## CFH-1

## Northeastern State University Student Financial Services

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## 2018-2019 Children of Fallen Heroes Scholarship Form

	N	N			
First Name	Last Name	St	udent ID#		
ELIGIBILITY REQUIREME	NTS				
in the line of duty while year for which the deter	peginning with the 2018-2019 award yea performing as a public safety officer is mination of eligibility is made. All Title at regard to the student's calculated EFC	eligible to receive a ma IV aid awarded to such	aximum Pell Grant	for the a	ward
award year), and be les her parent's or guardian	ership, a student must be Pell-eligible and state than 24 years of age or enrolled at a say's death. In subsequent award years, the pare a Pell-eligible EFC and continues to be an	n institution of higher e student continues to	education at the	time of h	nis or
<ul><li>As defined in secon</li><li>A fire police office</li></ul>	dren of Fallen Heroes Scholarship, a publetion 1204 of title I of the Omnibus Crimecer, defined as an individual who is servesignated member of a legally organize	Control and Safe Stree	State or local law	as an offi	cially
_	response to any fire drill, fire call, or o		•		•
COMPLETE THE FOLLOW	/ING				
Date of Birth:	Date of Parent/Guardian's Deat	h: W	/as under age 24?	Yes /	<u>N</u> o
Phone Number: ( )	Enrolled in coll	ege at time of parent/g	guardian's death?	Yes /	No
Mailing address:	City:	State:	Zip code:		
ATTACH PROOF OF ELIG	IBILITY				
document, in collaborati	leroes Scholarship requires the institution with the student, that the student whe time of his or her parent's or guardian	as less than 24 years of			
CHECK AT LEAST	ONE OF THE OPTIONS BELOW AND AT	ACH APPLICABLE DOC	UMENT(S) TO FOR	M	
	mination letter acknowledging eligibilit (PSOB) program administered by the Dep		enefits under the	Public S	afety
supervisory or o	en letter of attestation or determination ther relevant oversight authority of an in icer as defined above;	·	-		
	ntation of the student qualifying for a sta members of a public safety officer consist noted above; or				
and the occupat	ocumentation from a credible source th ion of the parent or guardian.	·		s of the d	leath
	ted proof of eligibility in a prior year and				
I certify that the above in	nformation and attached documents are	true and correct, and t	hat I qualify for this	s scholars	ship.

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

Student Signature: