

	Children o	of Fallen Heroes Application	
	ent's Name (Last, First, MI)	myWSU ID Number	Phone Number
	BILITY REQUIREMENTS >>>		
is elig All Ti	gible to receive a maximum Pell Grant f	dian died in the line of duty while perform for the award year for which the determin lents will be based on an EFC of zero with	nation of eligibility is made.
at an years	institution of higher education at the t	nd have a Pell-eligible EFC and be less tha time of his or her parent's or guardian's o as long as the student has a Pell-eligible	death. In subsequent award
For p	3796b); or A fire police officer, defined as an ir officially recognized or designated m	es, a public safety officer is: of the Omnibus Crime Control and Safe Sondividual who is serving in accordance we nember of a legally organized public safet to any fire drill, fire call, or other fire, res	vith State or local law as an cy agency and provides scene
COM F 1.	PLETE THE FOLLOWING >>> Name of Parent/Guardian who died	in the line of duty:	
	. Date of Parent/Guardian's death:		
	. Parent/Guardian's role as a public sa		
	. City/municipality/agency employing	g your Parent/Guardian:	
4			
4 5	. Student date of birth:		
		ge of 24 at the time of your Parent/Guard	ian's death? □ Yes / □ No

WICHITA STATE UNIVERSITY | Office of Financial Aid | Jardine Hall Rm. 203 | 1845 Fairmount Street | Wichita, KS 67260-0024 tele: (316) 978-3430 | toll free: 1-855-WSU1STP (978-1787) | fax: (316) 978-3396 | web: www.wichita.edu/financialaid

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<<2>>>	myWSU ID Number
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ATTACH PROOF OF ELIGIBILITY >>>

The Children of Fallen Heroes 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.

CHECK AT LEAST ONE OF THE OPTIONS BELOW AND ATTACH APPLICABLE DOCUMENT(S) TO	THIS
APPI ICATION >>>	

Student's Printed Name		Student's Signature Digital signature cannot be accepted.	Date	
SIGNA	ATURE AND AFFIRMATION >>>			
	l I submitted proof of eligibility in a prior year	and remain eligible this year		
	Other documentation from a credible source that describes or reports the circumstances of the death and the occupation of the parent or guardian; or			
		a state tuition or other state benefit accorded to sficer consistent with the definition in 42 U.S.C		
		nation made by a state or local government ority of an individual who died in the line of duty		
	A determination letter acknowledging elig Officers Benefit (PSOB) program administer	ibility for certain federal benefits under the ed by the Department of Justice;	Public Safety	

Warning: If you receive student aid based on incorrect information, you may have to return it and/or pay fines and fees. If you purposely give false or misleading information on this form, you may be fined \$20,000, receive a prison sentence, or both.

Affirmation: By signing above, I certify that all information I have submitted is accurate and verified with supporting documentation.