

# 2024-2025 Public Safety Officer's Survivor Grant Program Application

Student completes section A. Financial aid administrator at the school completes section B. Students applying to the Public Safety Officer's Survivor Grant Program must return this completed application to the financial aid office at the school you are/will be attending. You must attach a copy of your certification from the Commissioner of Public Safety to the application.

## SECTION A – To be completed by student (Please use ink or type)

1. Name (Last, First, Middle)

2. Social Security Number

3. Date of Birth (month, day, year)

4. County of Residence

5. Permanent Home Address

6. Telephone Number (include area code)

7. City, State, Zip Code

8. Student's Email Address

9. I am: (check one)

- Enrolled in a 4 year undergraduate degree program.  
 Enrolled in a 2 year undergraduate degree program.  
 Enrolled in a certificate program.  
 Enrolled in a graduate program.

10. I am: (check one)

- A surviving spouse of a public safety officer killed in the line of duty.  
 A surviving dependent child of a public safety officer killed in the line of duty. (complete item #11)

11. If you are the surviving dependent child of a public safety officer killed in the line of duty, when will you be 23 years of age?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 month      day      year

12. If you are the surviving dependent child of a public safety officer killed in the line of duty, did you serve on active military duty 181 consecutive days or more and have you been honorably discharged or released to your reserve or National Guard unit.

Yes    No

## STUDENT CERTIFICATION

I certify that the information on this application is true and correct. I give the Office of Higher Education permission to secure information about my financial aid package from the postsecondary institution that I attend. I understand that this form is used to establish eligibility for the Public Safety Officer's Survivor Grant Program and that if I purposely give false or misleading information on this form I am subject to a fine, prison sentence or both; and such action may result in the forfeiture of future awards from this program.

Student's Signature

Date (month, day, year)

## SECTION B – To be completed by the school

1. Name of Postsecondary Institution

2. Date (month, day, year)

3. Street Address

4. Telephone Number (include area code)

5. City, State, Zip Code

6. School Administrator's Email Address

7. Name of School Administrator (print or type)

8. School Administrator's Signature

9. Provide enrollment level (# credits) for term student is applying for. **This application must be submitted each term.**

\_\_\_\_\_  
 fall

\_\_\_\_\_  
 winter

\_\_\_\_\_  
 spring

\_\_\_\_\_  
 summer

# **2024-2025 Public Safety Officer's Survivor Grant Program**

## **Application Instructions**

**YOU MUST ATTACH A COPY OF YOUR CERTIFICATION FROM THE COMMISSIONER OF PUBLIC SAFETY TO THE APPLICATION.**

Read instructions before completing the application. Incomplete applications will not be processed. Students applying to the Public Safety Officer's Survivor Grant Program must complete this application and return it to the financial aid office at the school you are/will be attending each quarter or semester of attendance.

To be eligible to receive a Public Safety Officer's Survivor Grant, a student must:

1. Be a dependent child less than 23 years of age (or 30 years of age for a public safety officer's surviving dependent child who has served on active military duty 181 consecutive days or more and has been honorably discharged or released to the surviving dependent child's reserve or National Guard unit) or the surviving spouse of a public safety officer killed in the line of duty on or after January 1, 1973;
2. Be enrolled in an undergraduate degree or certificate program or a graduate degree or certificate program at an eligible Minnesota institution;
3. Not have received benefits for the maximum of 10 full-time semesters, or 15 full-time quarters, (a student who withdraws from enrollment for active military service is entitled to an additional semester of grant eligibility); and,
4. Attach a copy of the certification of eligibility received from the Commissioner of Public Safety to the application.

The award amount is the lesser of:

- a. the annual average full-time tuition and mandatory fees charged by the institution, prorated for term length and enrollment level\*; or
- b. the applicable tuition and fee maximum established in law prorated for term length and enrollment level. The annual full-time tuition and fee maximums for the 2024-2025 academic year are \$17,370 for students in a four-year degree or graduate program and \$6,679 for students in a two-year degree program.

\*The award amount is based on enrollment level. Therefore, if the student drops or changes enrollment level after disbursement a refund may be necessary. Please follow State Grant guidelines on "Adjustments to Award Based on Change in Enrollment Level" to determine if a refund is necessary.

### **NOTICE TO APPLICANTS**

Section 7(b) of the Federal Privacy Act of 1974 (5 U.S.C. 552a) requires that when any federal, state, or local government agency asks you to disclose your Social Security Account Number, you must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it. Accordingly, you are being advised that disclosure of your Social Security number is voluntary.

The Social Security number will be used to verify your identity, and as an identifier of your file in order to record necessary data accurately. As an identifier, the Social Security number is used in the Safety Officer's Survivor Grant Program for such purposes as processing the application form, program evaluation and reporting, and notification of program eligibility and award amount to your post-secondary institution.

Pursuant to Minnesota Statutes, Sec. 13.04, subd. 2 (2002), you are hereby informed that the information supplied in this application may be used as follows: (1) in the processing and verification of the data supplied to determine your eligibility for this program; (2) for compilation and analysis of summary data relative to this program; and (3) for dissemination of information to the school. You are not required to provide the information supplied in this application. However, failure to submit requested data may prevent further processing of this application. The information supplied in this application may be shared with other public and private individuals and entities in order to use the information for the purposes specified above.

The Minnesota Office of Higher Education does not discriminate on the basis of disability in the admission or access to, or treatment or employment, in its programs or activities. This document can be made available in an alternative format to individuals by calling (651) 642-0567.