## CHILDREN OF FALLEN HEROES SCHOLARSHIP APPLICATION



Student Name:		Empower ID:	
ELIGIBILITY REQUIREME	NTS		
officer is eligible to receive a	maximum Pell Grant for the award	guardian died in the line of duty while per d year for which the determination of elight f zero without regard to the student's calcu	ibility is made. All Title IV
and be less than 24 years of a In subsequent award years, the to be an eligible student. For purposes of the Children of  • As defined in section 1  or  • A fire police officer, do or designated member	ge or enrolled at an institution of he student continues to be eligible for of Fallen Heroes Scholarship, a public 204 of title I of the Omnibus Crime defined as an individual who is serve of a legally organized public safety	d have a Pell-eligible EFC (up to 5576 for igher education at the time of his or her por the scholarship, if the student has a Pell lic safety officer is: e Control and Safe Streets Act of 1968 (42 wing in accordance with State or local law y agency and provides scene security or or gency, or at a planned special event.	parent's or guardian's deatheligible EFC and continues 2 U.S.C. 3796b);  v as an officially recognized
COMPLETE THE FOLLOW	NG		
Date of Birth: / /	Date of Parent/Guardian's Death	h: / / Was under age 24?	Yes □/ No □
Phone Number: ( )	- Enrolled in colles	ge at time of parent/guardian's death?	Yes 🗆 / No 🗅
Mailing address:	City:	State: Zip code:	
ATTACH PROOF OF ELIGI	BILITY		
The Children of Fallen Heroe	s Scholarship requires the institution, that the student was less than 24 years.	on's financial aid administrator (FAA) to ears of age or enrolled at an institution of	
Financial Aid Office	Phone: 419-251-1219	Fax: 419-251-0969	
2221 Madison Avenue, Toledo, Ohi	o 43604	<b>J</b> 1.888.80.ME	RCY mercycollege.edu

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CHECK AT LEAST ONE OF THE OPTIONS BELOW.  ATTACH APPLICABLE DOCUMENT(S) TO APPLICATION	$CHECK$ $_4$	AT LEAST	ONE OF T	THE OPTIONS	BELOW.	ATTACH A	APPLICABLE	DOCUMENT(S) T	O APPLICATION
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Financ	cial Aid Office	Phone: 419-251-1219	Fax: 419-251-0969	
-	our protection, please ity numbers, via ema		ble or confidential information, including tax records a	nd social
			Questions? Call 4	19-251-1219
Date:		Student signature: _		
I certi	fy that the above infor	rmation and attached documents are	e true and correct, and that I qualify for this scholarship.	
□Is	submitted proof of elig	ibility in a prior year and remain el	ligible this year.	
		from a credible source that describ	oes or reports the circumstances of the death and the	
		rs of a public safety officer consiste	ion or other state benefit accorded to the children or ent with the definition in 42 U.S.C. 3796b, or as a fire	
	officer as defined ab	ove;	died in the line of duty while serving as a public safety	
	, , , , , , , , , , , , , , , , , , ,	•	a state or local government official with supervisory or	
		gram administered by the Departme		