



Claim for Educational Assistance

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Part I
Applicant
Information

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Information

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Applicant's Record
of Education

Part IV
Signatures

Part V
Additional Educational
Assistance Statement and
Student Loan Status Verification

Part I. Applicant Information

1. Applicant Name

First Name*

Middle Name

Last Name*

2. Social Security Number* (000-00-0000)

3. Date of Birth* (mm/dd/yyyy)

4. Relationship of Applicant to Public Safety Officer*

Spouse Child

5. Applicant's PERMANENT Mailing Address

Street/P.O. Box*

City*

State*

ZIP Code* (00000 or 00000-0000)

6. Contact Information*

The contact for all educational assistance matters will be the:

Applicant Applicant's Parent/Guardian

Name of parent / guardian (required if Applicant's Parent/Guardian is selected)

First Name

Middle Name

Last Name

Contact Phone Numbers

Home Phone - -

Day Phone - - Ext.

Cell Phone - -

Email Address

7. Payment Information*

I would like to receive my educational benefits:

by Check by Direct Deposit

Complete the following for Direct Deposit only:

Name of Bank

Type of Account: Saving Checking

Account Number

Bank's 9-Digit Routing Number

Supplemental Claim Documents

- [Letters of Acceptance](#)
- [Class Schedule](#)
- [Enrollment Verification](#)
- [Transcripts](#)
- [Educational Expenses Chart](#)
- [Private Educational Assistance](#)

[Attach Documents](#)

[PSOB Education Fact Sheet](#)



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Part II. Public Safety Officer Information

8. Name of Public Safety Officer ?

First Name*

Middle Name

Last Name*

9. Date of Death or Disability ?

(mm/dd/yyyy)

10. Officer's Public Safety Agency Name ?

Agency Name*

City*

State*

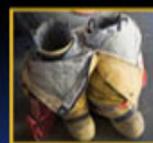
ZIP Code* (00000 or 00000-0000)

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Part III. Applicant's Record of Education

Applicant's Record of Education ?

11. High School*

Graduation or
Expected Graduation
Date (mm/dd/yyyy)

From
Dates Attended (mm/dd/yyyy)

To
 (mm/dd/yyyy)

Degree / Certification
Attempting or Achieved

Name of School

City

State

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Part IV. Signatures

I certify that all information set forth above is true to the best of my knowledge and belief. I authorize the release of school records to the Department of Justice for the sole purpose of administering the PSOE A Program. I understand that I must provide the PSOB office with a copy of my transcript each time I apply for benefits, and that failure to maintain satisfactory progress may result in a loss of additional assistance.

I certify that the PSOE A benefits being provided to me will only be used for educational or vocational purposes consistent with 42 USC 3796b and 28 CFR 32. I further certify that I am not in default on any student loans provided or guaranteed by the United States Government.

13. Signature of Applicant*

Checking this box asserts that all of the information you provided on this form is true and correct, and will be treated as an electronic signature by the applicant.

14. Date Signed* (mm/dd/yyyy)

15. If the applicant is under the age of 18, the following items must be completed:

I am the applicant's* Parent Guardian

Signature*

Checking this box asserts that all of the information you provided on this form is true and correct, and will be treated as an electronic signature by the applicant.

Date Signed* (mm/dd/yyyy)

Parent / Guardian Address*

Street/P.O. Box

City

State

ZIP Code (00000 or 00000-0000)

Penalty: A false statement or information associated with this application may be grounds for nonpayment of benefits and may be punishable for fine or imprisonment (18 USC 1001). All Information given will be considered in reviewing your application for benefits and is subject for investigation.

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Part V. Additional Educational Assistance Statement and Student Loan Status Verification

16. Please list all private assistance you received or will receive for the term(s) for which you are applying. Documentation such as an award letter or tuition statement showing the source and the amount of the assistance should be provided.

EXAMPLES

Source	Terms	Amount
Public Safety Officer Relief Fund	Fall 2013	\$1,000

YOUR INFORMATION

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17.* Section 32.35(a) of the PSOEA Regulations states that an individual who is in default on any student loan obtained through Title IV of the Higher Education Act of 1965 will not receive PSOEA benefits unless those benefits are used for repayment of the defaulted loans and the student provides evidence of this in the form of an approved repayment plan. ?

- I have not obtained any student loans (such as Stafford Loans) through Title IV of the Higher Education Act of 1965.
- I have obtained students loans (such as Stafford Loans) through Title IV of the Higher Education Act of 1965 but am not in default on any of them.
- I am currently in default on loans (such as Stafford Loans) obtained through Title IV of the Higher Education Act of 1965. Assistance under the PSOEA Program is to be used for repayment of the defaulted loans and I am submitting an approved repayment plan with this form.
- I am currently in default on loans (such as Stafford Loans) obtained through Title IV of the Higher Education Act of 1965. I do not have an approved repayment plan.

18. Your Signature* ?

19. Electronic Signature*

Checking this box asserts that all of the information you provided on this form is true and correct, and will be treated as an electronic signature by the applicant.

Date* (mm/dd/yyyy)

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