



Application for Public Safety Officers' Educational Assistance

Important: No benefits can be paid unless a completed application has been received (28 CFR Part 32.20). The information requested on this form is necessary to determine your eligibility for educational assistance. Your responses are considered confidential (38 USC 5701) and may be disclosed outside of the Office of Justice Programs only if the disclosure is authorized under the Privacy Act.

Public Reporting Burden

Paper Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and that impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is 20 minutes per application. If you have comments regarding the accuracy of this claim, or suggestions for making this claim form simpler, you can write to the Public Safety Officers' Benefits Program, Bureau of Justice Assistance, 810 7th Street, NW, Washington, D.C. 20531 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20530.

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

Applicant Information for Educational Assistance

In order to provide you with the best service, please answer as many questions as possible. If you do not know the information for an optional item you may leave it blank. However, you will not be able to submit this form if the required items are left blank.

* Items marked in red must be completed.

First Name*

Middle Name

Last Name*

Social Security Number (000-00-0000)

Date of Birth (mm/dd/yyyy)

Contact Information 

The Contact for all educational assistance matters will be the

Applicant Applicant's Parent/Guardian

Name of Parent/Guardian

First Name

Middle Name

Last Name

Enter a telephone number or email address for the Applicant or the Applicant's Parent/Guardian (Either a telephone number or email address is required)

Home Phone - -

Day Phone - - Ext.

Cell Phone - -

Email Address

Name of the Public Safety Officer 

First Name*

Middle Name

Last Name*

Relationship of Applicant to the Public Safety Officer

Spouse Child

Do you know if there is an approved Death or Disability claim for the Public Safety Officer? 

Yes No

Please enter one of either Dates 

Public Safety Officer's Date of Death (mm/dd/yyyy)

Public Safety Officer's Date of Disability Injury (mm/dd/yyyy)

What is the name of the school(s), including city and state, you plan on attending or attended? 

Name of School

City

State

Add Additional College

Please contact the PSOB Office if any of the information in Part I changes after you submit your application.