



2027/2028 Verify Parent Died in Line of Duty

Student Name: _____ **Student ID:** _____

We recently received your 2027-2028 FAFSA results. You indicated that you are a child of a parent or guardian who died in the line of duty. Please complete this form, sign and submit it along with required documentation. If you meet the requirements, you may be eligible for the maximum Federal Pell Grant for the 2027-28 school year.

Please select the statement that is correct for your situation:

_____ I made an error on my FAFSA and I am not a child of a parent or guardian who died in the line of duty.

_____ I am less than 33 years old as of January 1, 2027 and had a parent or guardian who died in the line of duty while serving on active duty as a member of the Armed Forces on or after September 11, 2001 **OR** who was actively serving as and performing the duties of a public safety officer. Public safety officer generally includes: law enforcement officer, firefighter, chaplain, FEMA employee, emergency management or civil defense agency employee, member of rescue squad or ambulance crew.

Acceptable documentation:

- Copy of DD Form 1300 (Report of Casualty) which documents death in the line of duty.
- Copy of DD Form 214 and death certificate, documenting that the date and cause of death occurred during, and as a result, of active duty.
- Copy of Department of Veterans Affairs Death Narrative Document.
- Determination letter acknowledging eligibility for certain federal benefits under the Public Safety Officers Benefit (PSOB) program administered by the Department of Justice.
- A written letter of attestation or determination made by a state or local government official with supervisory or other relevant authority of an individual who died in the line of duty while serving.
- Documentation of the student qualifying for a state tuition or other state benefit accorded to the children or family member of a public safety officer.
- Other documentation from a credible source that describes or reports the circumstances of the death and the eligible occupation of the parent or guardian.

By signing this form, I (we) certify that all the information reported on this form is complete and correct.

Student Signature: _____ **Date:** _____

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.