



Children of Fallen Heroes Scholarship and Iraq and Afghanistan Service Grant Application

Submission Deadline: At least two weeks before the end of the semester for which you are applying to receive aid

To qualify for the scholarship, a student must be:

- 1. Be less than 33 years old as of January 1 prior to the year for which the applicant is applying (e.g., for the 2024–25 award year, a student must be less than 33 years old as of January 1, 2024, to be eligible)*
- 2. Be the child of a parent or guardian who died in the line of duty while either (a) serving on active duty as a member of the U.S. Armed Forces on or after September 11, 2001; or (b) actively serving as and performing the duties of a public safety officer*

Required Supporting Documentation to be submitted with application

1. Copy of student's birth certificate. Copies may be obtained from the State Department of Vital Records.
2. Copy of death certificate.
3. Verification that parent/guardian died on active duty as a member of the U.S. Armed Forces on or after September 11, 2001 or; in the line of duty while serving as a public safety officer (select one from list):
 - A copy of the servicemember's DD Form 1300 (Report of Casualty) which documents death in the line of duty.
 - A copy of the servicemember's DD Form 214 and death certificate, documenting that the date and cause of death occurred during and as a result of active duty.
 - A copy of a Department of Veterans Affairs Death Narrative Document
 - A 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 oversight authority of an individual who died in the line of duty while serving as a public safety officer.
 - Documentation of the student qualifying for a state tuition or other state benefit accorded to the children or other family members of a public safety officer.
4. Additional document required if student is eligible due to death of step-parent: Copy of marriage certificate

Application and required documentation can be submitted to the Office of Financial Aid and Scholarships

via ticket: <https://financialaid.umbc.edu/contact-form/>

-or-

mail/in person at
UMBC Office of Financial Aid and Scholarships
1000 Hilltop Circle
Baltimore, MD 21250

NOTE: Do not send original certificate(s) via mail; they cannot be returned. *To safeguard your personal information, please do not send sensitive information, including documents with Social Security Numbers, to us via e-mail/ticket.*



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1. Student's Name (please print): _____

2. UMBC Campus ID: _____

3. Name of Deceased Parent or Guardian: _____

4. Relationship of deceased to student: _____

5. Type of Service (circle one)

- U.S. Armed Forces
 - Army
 - Navy
 - Air Force
 - Marine Corp
 - Coast Guard

- Public Safety Officers
 - Law enforcement officer
 - Firefighter
 - Member of a rescue squad or ambulance crew
 - Federal Emergency Management Agency (FEMA) employee
 - Emergency management or civil defense agency employee
 - Chaplain
 - Others defined in Section 1204 of the Omnibus Crime Control and Safe Streets Act of 1968

6. For Public Safety Officers, name of public safety facility served:

Student Signature: _____ Date: _____

Children of Fallen Heroes Scholarship Program

Agency Certification

This form may be completed by the public safety personnel office to verify parent or guardian’s death in the line of duty while serving as a public safety officer. It is not required if alternative documentation is provided.

Please briefly explain how the death of _____ was classified as a result of public safety service:
(name of deceased)

FOR PUBLIC SAFETY PERSONNEL OFFICE USE ONLY

I hereby certify that the information provided on this application is correct and contained in our records.

_____	_____	
Print name of authorized official	Name of public safety office	
_____	_____	
Title	Address Line 1	
_____	_____	
Email	Address Line 2	
_____	_____	_____
Signature	Date	Phone Number