

13. INDICATE YOUR RELATIONSHIP TO THE PERSON KILLED OR PERMANENTLY AND TOTALLY DISABLED IN THE LINE OF DUTY

- I was the public safety officer or employee's dependent child (natural child, adopted child, or stepchild) at the time of death or permanent and total disability.
- I was the public safety officer's spouse at the time of death or permanent and total disability.
- I am a permanently and totally disabled public safety officer applying for the grant on my own behalf.

SECTION IV - APPLICANT CERTIFICATION

I certify the information provided in Sections I, II, and III is true, complete, and correct to the best of my knowledge. As to any award made to me as the result of this application, I hereby authorize the school to pay to the MDHE any refund which may be due to me up to the amount of this award if I withdraw or drop below full time status during the school's refund period. I certify that the proceeds of any award made as a result of this application will be used for educational purposes at the school and for the enrollment period listed on this application.

14a. SIGNATURE OF APPLICANT

14b. DATE

SECTION V - CERTIFICATION OF GOVERNMENTAL ENTITY THAT EMPLOYED THE DECEASED OR PERMANENTLY AND TOTALLY DISABLED PERSON (REQUIRED FOR ALL INITIAL APPLICANTS ONLY)

15. NAME OF GOVERNMENT ENTITY

16. ADDRESS

CITY STATE ZIP CODE 17. TELEPHONE NUMBER
()

18. EMAIL ADDRESS

19. DID THE INJURY DESCRIBED IN SECTION III, ITEM 12 ABOVE OCCUR IN THE LINE OF DUTY? LINE OF DUTY MEANS ANY ACTION THAT A PUBLIC SAFETY OFFICER OR EMPLOYEE IS AUTHORIZED OR OBLIGATED TO PERFORM BY LAW, RULE, REGULATION, OR CONDITION OF EMPLOYMENT OR SERVICE.

- Yes No

20. INDICATE THE PLACE OF OR THE EMPLOYMENT TYPE OF THE PERSON AT THE TIME OF DEATH OR PERMANENT AND TOTAL DISABILITY. THE PERSON MUST HAVE BEEN EMPLOYED BY THE STATE OF MISSOURI OR A POLITICAL SUB-DIVISION FULL TIME AT THE TIME OF DEATH OR PERMANENT AND TOTAL DISABILITY.

- Dept. of Highways and Transportation Employee
Was the deceased or permanently and totally disabled employee engaged in the construction or maintenance of the state's highways, roads and bridges? Yes No
- Firefighter Highway Patrolman Police Officer Capitol Police Officer
 State Correctional Employee Parole Officer Probation Officer Water Safety Officer
 Conservation Officer Park Ranger

GOVERNMENTAL ENTITY OFFICIAL COMPLETING THIS APPLICATION

I certify the information provided in Section V is true, complete, and correct to the best of my knowledge, and the applicant received the injury resulting in death or permanent and total disability in the line of duty.

21a. SIGNATURE OF OFFICIAL

21b. PRINTED NAME OF OFFICIAL

21c. PRINTED TITLE OF OFFICIAL

21d. DATE

SECTION VI - PHYSICIAN'S CERTIFICATION OF PERMANENT AND TOTAL DISABILITY (REQUIRED ONLY FOR ALL INITIAL APPLICANTS AND PRIOR RECIPIENTS WHO INDICATED PERMANENT AND TOTAL DISABILITY IN SECTION III, ITEM 11 ABOVE.)

For the purposes of this grant program, an individual is considered to be permanently and totally and disabled if the disability renders him unable to engage in **any** gainful work. The inability to engage in the same type of employment held prior to the disability (for example police work or firefighting) by itself is insufficient to meet this definition.

22. NAME OF PHYSICIAN

23. ADDRESS

CITY STATE ZIP CODE 24. TELEPHONE NUMBER
()

25. EMAIL ADDRESS

26. IS THE INDIVIDUAL NAMED IN SECTION III, ITEM 10 ABOVE PERMANENTLY AND TOTALLY DISABLED AND UNABLE TO ENGAGE IN ANY GAINFUL WORK AS A RESULT OF THE INJURY DESCRIBED IN SECTION III, ITEM 12 ABOVE? Yes No

27. DATE OF LAST PHYSICAL EXAM (MM/DD/YYYY)

PHYSICIAN COMPLETING THIS APPLICATION

I certify the individual named in Section III, item 10 above is under my care for the disability described above that was sustained in the line of duty as a public safety officer or Department of Highways and Transportation employee. I also certify that this individual is currently permanently and totally disabled and is unable to engage in any gainful work as the result of this disability. I further certify the information provided in Section VI is true, complete, and correct to the best of my knowledge.

28a. SIGNATURE OF PHYSICIAN

28b. PRINT OR TYPE NAME

28c. DATE

SECTION VII - FINANCIAL AID OFFICE OF SCHOOL

29. NAME OF SCHOOL

30. ADDRESS

CITY

STATE

ZIP CODE

31. TELEPHONE NUMBER

()

32. EMAIL ADDRESS

33. PERIOD OF ENROLLMENT FOR WHICH THE GRANT IS BEING REQUESTED (BOTH FALL SEMESTER AND SPRING SEMESTER MAY BE SELECTED.)

Fall Semester From _____ To _____
(MM/DD/YYYY) (MM/DD/YYYY)

Spring Semester From _____ To _____
(MM/DD/YYYY) (MM/DD/YYYY)

34. TUITION FOR THE PERIOD OF ENROLLMENT. TUITION AMOUNTS MUST REFLECT THE AMOUNT OF TUITION AND/OR INCIDENTAL FEE CHARGED A FULL-TIME, MISSOURI UNDERGRADUATE RESIDENT FOR TWELVE (12) CREDIT HOURS FOR THE PERIOD OF ENROLLMENT.

	<i>Institution</i>		<i>For MDHE Use Only</i>	
	Tuition Amount		Max Semester Award	Semester Award
Fall		Fall		
Spring		Spring		

35 IS THE APPLICANT A UNITED STATES CITIZEN OR PERMANENT RESIDENT?

 Yes No

36. IS MISSOURI THE APPLICANT'S STATE OF PERMANENT RESIDENCE?

 Yes No

37. IS THE APPLICANT PLANNING TO ENROLL IN A COURSE OF STUDY LEADING TO AN UNDERGRADUATE DEGREE IN THEOLOGY OR DIVINITY?

 Yes No

38. HAS THE APPLICANT EARNED A PREVIOUS BACCALAUREATE DEGREE?

 Yes No

39. IS THE APPLICANT ENROLLED FULL TIME OR INTENDING TO ENROLL FULL TIME?

 Yes No

40. IS THE APPLICANT MAKING SATISFACTORY ACADEMIC PROGRESS AS DEFINED BY THE INSTITUTION FOR FEDERAL TITLE IV AID PURPOSES?

 Yes No First-time student, determination pending**FINANCIAL AID OFFICER COMPLETING THIS APPLICATION**

I certify the information provided in Section VII is true, complete, and correct to the best of my knowledge. I also certify the applicant named in Section I is accepted for enrollment or intends to enroll for the period of enrollment indicated in this section, is in good standing as a full-time student, is making satisfactory academic progress at the school, and has been determined to be eligible for the Public Safety Officer or Employee's Child Survivor Grant Program.

41a. SIGNATURE OF FINANCIAL AID OFFICER

41b. PRINT OR TYPE NAME

41c. PRINT OR TYPE TITLE

41d. DATE

PLEASE NOTE: SCHOOLS MAY PHOTOCOPY THE COMPLETED APPLICATION.