

## Children of Fallen Heroes Scholarship Act – Certification Form

COMPLETE THE FOLLOWING AND SUBMIT WITH DOCUMENTATION TO FINANCIAL AID SERVICES AT FINAID@APUS.EDU							
Student Name:		Student ID:					
Student Name.		Student ID.					
Date of Birth: / /	Date of Parent/	/Gua	rdian's Dea	th:	/		
Under the age of 24 at the time of parent/guardian	's death?	П	Yes	П	No		
officer the age of 24 at the time of parent/guardian	3 death:		163		NO		
Enrolled in college at time of parent/guardian's dea	ath?		Yes		No		
APPLICABLE DOCUMENTATION							
Certification of Age or Enrollment							
☐ If under 24; a valid Student Aid Report (SAR) on file with the university, driver's license, or other.							
☐ If any allowing colleges transcripts, contificate or statement of any allowant							
<ul> <li>If enrolled in college; transcripts, certificate or statement of enrollment.</li> </ul>							
Circumstances of Death and Occupation							
□ Documentation from a credible source							
<ul> <li>Obituary</li> <li>Written letter or attestation from a state or local government official with supervisory or</li> </ul>							
other relevant oversight authority of an individual who died in the line of duty while							

serving as a public safety officer.