



APPLICATION FOR EDUCATIONAL ASSISTANCE - LINE OF DUTY SURVIVORS

This form must be filled out completely and notarized accompanied by your most recent transcript.

STUDENT INFORMATION

Student Name: _____ Gender: _____ Date of Birth: _____

Home Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

DECEASED OFFICER'S INFORMATION

Officer's Name: _____ Date of Death: _____

Agency: _____

Cause of Death: _____

HIGH SCHOOL GRADUATES

Have you applied to a college or university? _____ Have you been accepted? _____

College you plan to attend: _____ City/State: _____

Major course of study: _____ Current GPA: _____

Briefly explain why you
have chosen this
course of study

COLLEGE STUDENTS

College/university currently attending: _____ City/State: _____

Major course of study: _____ Current GPA: _____

Briefly explain why you
have chosen this
course of study

COST ESTIMATES

Please provide detailed information on your known or anticipated costs per semester. You may attach a separate page if necessary. Original receipts and/or statements will be required in order to pay bills or for reimbursements for each semester's actual expenses.

Tuition	\$ _____
Housing	_____
Fees	_____
Books/Supplies	_____
Other _____	_____
TOTAL	\$ _____

If attending a Florida public university, have you applied for tuition waiver? _____
If no, please explain

Have you applied for federal benefits via the US Department of Justice? _____
If no, please explain

To the best of my knowledge, all of the information supplied in this application is true and correct.

Applicant Signature

Date

Print Applicant Name

Reviewed by (POAT Office Use Only)

Signed and sworn to (or affirmed) before me on _____ by _____

_____ (name of affiant). He/she is personally known to me or has produced
_____ type of identification as identification.

Signature

Print Name of Acknowledger

Notary Seal Number