



2026-2027 Parent Line of Duty Death Form

Students may be eligible for additional Federal Pell Grant funds, if their parent or guardian was killed in the line of duty; please use this form to confirm your eligibility.

Student Information		
Last Name	First Name	Student ID#
Address (Street, City, State, Zip Code)		Phone Number
Email Address		

Please check the appropriate box:

- ☐ My parent or guardian was killed in the line of duty while serving on active duty as a member of the U.S. armed forces on or after September 11, 2021.
- ☐ My parent or guardian was killed in the line of duty while performing official duties as a public safety officer. Public safety officer generally includes the following:
- Law enforcement officer, firefighter, or chaplain
 - Federal Emergency Management Agency (FEMA) employee
 - Emergency management or civil defense agency employee
 - Member of a rescue squad or ambulance crew
 - Others defined in the *Omnibus Crime Control and Safe Streets Act of 1968*

Please provide the parent information below:

Parent Information		
Last Name	First Name	Date of Death
Military Branch or Public Safety Category		

Required Documentation:

- ☐ Death Certificate
- ☐ Proof of Active Duty Service or proof of employment as a public safety officer

By signing this worksheet, I certify that all the information reported on it is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. **Note: We may request additional documentation if we have reason to believe any of the information on this form is inaccurate.**

Student's Signature: _____ Date: _____