IowaCollegeAid.gov
Because College Changes Everything.

2015-2016 Iowa Grant – Special Priority
Children of Deceased Public Safety Workers

Part A: Eligibility

In order to submit this application, you must be able to check at least one box below. If you are unable to check a box, there is no need to submit this application as you do not qualify for the Iowa Grant Special Priority award. Instead, please submit the FAFSA to apply for the Iowa Grant.

Please check the box next to all classifications below that describe you. If you have questions regarding your status in relation to the references below, please consult with the relevant retirement/benefit granting organization.

☐ I am the child of a peace officer, as defined in Iowa Code section 97A.1, who:

Was killed in the line of duty as determined by the board of trustees of the Iowa department of public safety peace officers' retirement, accident, and disability system in accordance with section 97A.6, subsection 16.

☐ I am the child of a police officer or a fire fighter, as defined in Iowa Code section 411.1, who:

Was killed in the line of duty as determined by the statewide fire and police retirement system in accordance with Iowa Code section 411.6, subsection 16.

☐ I am the child of a sheriff or deputy sheriff as defined in Iowa Code section 97B.49C, who:

Was killed in the line of duty as determined by the Iowa public employees' retirement system in accordance with Iowa Code section 97B.52, subsection 2.

☐ I am the child of a fire fighter or police officer as defined in Iowa Code section 97B.49B, who:

Was killed in the line of duty as determined by the Iowa public employees' retirement system in accordance with Iowa Code section 97B.52, subsection 2.

Part B: Student Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of birth:_____/_____/_____

Email: _____ SSN: _____

Are you eligible for or have you exhausted benefits under the federal Post 9/11 Veterans Educational Assistance Act of 2008? YES No

Part C: 2015-2016 College Information

Grant funds are sent directly to the college/university that the student is attending. **If you change your college/university, you must contact our office.**

Name of college/university you will attend: _____

Part D: Parent Information

Please provide the following information about your deceased parent.

Name: _____

Department for which they worked: _____

Department City: _____ Dept Phone: _____

Date of Death: _____/_____/_____

Part E: Other requirements

You must complete the Free Application for Federal Student Aid (FAFSA) at www.fafsa.gov, in addition to this application, in order to fully apply for funding under this program. Please complete both applications by **July 1, 2015**, to apply for 2015-2016 academic year funding.

Please return this completed application to:

Iowa College Aid
430 East Grand Ave.
3rd Floor
Des Moines, IA 50309-1920

Part F: Release and Consent

By completing and submitting this application, I authorize the release of information pertinent to my eligibility for this program to and from the entities listed or referenced in this application. This information will be used to determine my eligibility for this program.

I certify that the information submitted in this application is truthful and, to the best of my knowledge, correct. I understand the eligibility criteria for this program. In the event that available state funds are insufficient to pay the full amount of each approved grant, award amounts may be administratively reduced. I certify that I am not, and never have been, a convicted felon as defined in Iowa Code section 910.15.

Signature:_____ Date:_____