

Survivor Tuition Benefits Program
and
Law Enforcement Officer Memorial Scholarships Program
APPLICATION

October 1, 2009
(Fall and Spring Terms)

Filing Deadlines for 2009-2010 Academic Year

March 1, 2010
(Spring Term Only)

Applicant Information - type or print in INK

- Applicant's name _____
LAST FIRST MI
- Applicant's Social Security Number _____
- Permanent address _____
NUMBER, STREET, AND APARTMENT #
CITY STATE ZIP CODE
- Telephone number _____ 5. Length of New Jersey residency _____ / _____
AREA CODE NUMBER YEARS MONTHS
- New Jersey college you will be attending during 2009-2010 _____
COLLEGE NAME - (See list of eligible colleges on reverse side)
- Applicant's year in college during 2009-2010 1st (Freshman) 2nd (Sophomore) 3rd (Junior) 4th (Senior)
- Applicant's relationship to the deceased Child Spouse
- If "Child" is checked in item 8, please give name of high school and date of graduation.
NAME OF HIGH SCHOOL ADDRESS CITY STATE MONTH / YEAR

Information on Deceased Family Member

- Name of parent or spouse killed in the line of duty. _____
LAST FIRST MI
- Date of death _____ / _____ / _____
MONTH DAY YEAR
- The deceased parent/spouse was killed in the performance of duty as a member or officer of (**check appropriate box**):
(PLEASE ENCLOSE LETTER FROM ORGANIZATION STATING DECEASED WAS KILLED IN THE LINE OF DUTY. ALSO PROVIDE DOCUMENTATION VERIFYING THE RELATIONSHIP OF THE APPLICANT TO THE DECEASED.)

<input type="checkbox"/> Civil Defense or Disaster Control Worker	<input type="checkbox"/> Correction Officer	<input type="checkbox"/> County or Park Police Department
<input type="checkbox"/> Court Attendant and Sheriff's Officer	<input type="checkbox"/> Division of State Police	<input type="checkbox"/> Enforcement and Regulation of Weights & Measures Officer
<input type="checkbox"/> Federal Law Enforcement Officer	<input type="checkbox"/> Marine Law Enforcement Officer	<input type="checkbox"/> Narcotics Officer
<input type="checkbox"/> Municipal Fire Company	<input type="checkbox"/> Municipal Police Department	<input type="checkbox"/> State Fire Service
<input type="checkbox"/> Port Authority Officer	<input type="checkbox"/> Prosecutor's Detective or Investigator	<input type="checkbox"/> Volunteer First Aid or Rescue Squad
<input type="checkbox"/> State Investigator	<input type="checkbox"/> Volunteer Fire Company	
- Name and address of group with which deceased was affiliated.
NAME OF ORGANIZATION ADDRESS CITY STATE

Certification and Signature

I certify that the information furnished on this application is accurate and complete to the best of my knowledge. I authorize the Higher Education Student Assistance Authority to obtain verification that the cause of death of the family member named above occurred in the performance of duty.

Applicant's Signature _____ Date _____

(see instructions on other side)

General Information

General Information - By completing this application, you will be considered for both the Survivor Tuition Benefits and the Law Enforcement Officer Memorial Scholarships Programs. Recipients of funds must attend one of the New Jersey institutions listed below and be enrolled in good standing in an undergraduate degree program. In addition, State award recipients are required to demonstrate compliance with the federal Military Selective Service Act. Recipients will be notified of their program eligibility following review of the completed application and verifying documentation.

Survivor Tuition Benefits Program - Pays tuition for any child or surviving spouse of a member or officer of various New Jersey police, fire, law enforcement, rescue squad and civil defense agencies killed in the performance of his/her duties. This program will pay the full tuition for eligible applicants attending two and four-year public colleges and universities. Students attending approved independent colleges and universities may receive awards up to the highest tuition charged by a NJ public institution. Recipients must enroll in an undergraduate degree program at least half time. Eligibility for this program is limited to a period of eight (8) years from the date of death of the member or officer in the case of a surviving spouse, and eight (8) years following graduation from high school in the case of a child.

Law Enforcement Officer Memorial Scholarships Program - Provides scholarships for full-time undergraduate study at approved New Jersey institutions of higher education to the dependent children of New Jersey law enforcement officers killed in the line of duty. The amount of the scholarship cannot exceed an amount equal to the portion of the recipient's annual cost of attendance at the institution that is not otherwise covered by any other scholarship, grant, benefit or other assistance awarded to the recipient under the Higher Education Student Assistance Authority Law. The value of a recipient's scholarship will be established annually. The value of the student's scholarship may change dependent upon State appropriated funds, moneys available in the Law Enforcement Officer Memorial Fund, interest or other income earnings of the fund, the student's cost of attendance and other State financial assistance available to the student. The scholarship is renewable for up to four years.

Instructions

Items 1 through 5 - Provide all information as requested for the applicant.

- Item 6** - Enter the name of the eligible institution you will be attending during the 2009-2010 academic year from the list below.
- Item 7** - Check year in college.
- Item 8** - Check correct box.
- Item 9** - Give full name and complete address of high school. Month and year of graduation should be indicated as follows: June 2009 [06] [09].
- Item 10** - Give the full name of the deceased parent or spouse who was killed in the performance of his/her duty.
- Item 11** - Enter the date of death of person listed in Item 10 (i.e., September 9, 2003 should be given as [09] [09] [03]).
- Item 12** - Check the appropriate box. **(Please enclose letter from organization stating deceased was killed in the line of duty. Also provide documentation verifying the relationship of the applicant to the deceased.)**
- Item 13** - Give the name of the group with which deceased was affiliated (i.e., XYZ Volunteer Fire Company, 10 Main Street, Trenton, NJ 08628).

Eligible New Jersey Institutions

County Colleges	State Colleges and Universities	Independent Institutions	
Atlantic Cape Bergen Brookdale Burlington Camden Cumberland Essex Gloucester Hudson Mercer Middlesex Morris Ocean Passaic Raritan Valley Salem Sussex Union Warren	Kean Montclair New Jersey City Ramapo Richard Stockton Rowan The College of NJ Thomas Edison William Paterson Rutgers, The State University UMDNJ* NJIT * must be enrolled in an eligible undergraduate degree program	Bais Medrash Toras Chesed* Berkeley* Beth Medrash Govoha* Bloomfield Caldwell Centenary College of St. Elizabeth DeVry* Drew Eastwick* Fairleigh Dickinson Felician Georgian Court Gibbs* * must be enrolled in an eligible undergraduate degree program	Monmouth Princeton Rabbi Jacob Joseph* Rabbinical* Rider Saint Peter's Seton Hall Somerset Christian* Stevens Institute of Technology Talmudical* Yeshivas Be'er Yitzchok* Yeshiva Toras Chaim*

Be Sure to Sign and Date the Completed Application and Mail to:



NJHESAA
PO Box 540
Trenton, NJ 08625-0540

If you need additional information or help in completing this form, call 1-800-792-8670 toll free

Monday through Thursday, 8:00 am to 8:00 pm (Friday to 5:00 pm)

or visit our web site at www.hesaa.org

Penalty for False Information

If you qualify for State student financial assistance by purposely reporting false or misleading information, you shall be guilty of a crime of the fourth degree.