



Survivor Tuition Benefits Program and Law Enforcement Officer Memorial Scholarships Program 2015-2016 Application

October 1 (Fall & Spring Terms) ---- Application Deadlines ---- March 1 (Spring Term Only)

Applicant Information

1. Applicant's Name _____
FIRST MI LAST

2. Social Security Number XXX - XX - _____
3. Date of Birth _____ (mm/dd/yyyy)

4. Current School Student ID Number _____
5. E-mail Address _____

6. Permanent Address _____
NUMBER, STREET, AND APARTMENT # CITY STATE ZIP CODE

7. Telephone Number _____
Area Code Number
8. Length of New Jersey residency _____ / _____
Years Months

9. New Jersey college you will be attending during 2015-2016 : _____
COLLEGE NAME - (See list of eligible colleges on reverse side)

10. Applicant's Year in College during 2015-2016
 1st Year (Freshman) 2nd Year (Sophomore) 3rd Year (Junior) 4th Year (Senior)

11. Applicant's Relationship to the Deceased Child Spouse

12. Please give name of high school and date of graduation

 NAME OF HIGH SCHOOL ADDRESS

 CITY STATE ZIP CODE MM/YY

Deceased Family Member Information

13. Name of Parent or Spouse who was killed in the line of duty

 LAST FIRST MI

14. Date of Death _____ (mm/dd/yyyy)

15. The deceased parent 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"/> Federal Law Enforcement Officer	<input type="checkbox"/> State Fire Service
<input type="checkbox"/> Correction Officer	<input type="checkbox"/> Marine Law Enforcement Officer	<input type="checkbox"/> State Investigator
<input type="checkbox"/> County or Park Police Department	<input type="checkbox"/> Municipal Fire Company	<input type="checkbox"/> Volunteer Fire Company
<input type="checkbox"/> Court Attendant and Sheriff's Officer	<input type="checkbox"/> Municipal Police Department	<input type="checkbox"/> Volunteer First Aid or Rescue Squad
<input type="checkbox"/> Division of State Police	<input type="checkbox"/> Narcotics Officer	
<input type="checkbox"/> Enforcement and Regulation of Weights & Measures Officer	<input type="checkbox"/> Port Authority Officer	
	<input type="checkbox"/> Prosecutor's Detective or Investigator	

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 _____

(email to scholarsapp@hesaa.org or see additional 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. Recipients shall not be eligible for more than eight (8) semesters of payment for full-time enrollment or the equivalent for half-time enrollment. Payment for half-time enrollment shall count as one half a semester of payment. Students enrolled in a program of study normally requiring five (5) years to complete shall be eligible for 10 semesters of payment.

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- 8: Provide all information as requested for the applicant.
- Item 9: Enter the name of the eligible institution you will be attending during the 2015-2016 academic year from the list below.
- Item 10: Check year in college.
- Item 12: Give full name and complete address of high school. Month and year of graduation should be indicated as follows: Month/Year.
- Item 13: Give the full name of the deceased parent or spouse who was killed in the performance of his/her duty.
- Item 14: Enter the date of death of person listed in Item 10 (i.e., September 9, 2003 should be given as 09 09 03).
- Item 15: 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.)

County Colleges		State Colleges and Universities	Independent Institutions	
<ul style="list-style-type: none"> • Atlantic Cape • Bergen • Brookdale • Burlington • Camden • Cumberland • Essex • Hudson • Mercer • Middlesex • Morris 	<ul style="list-style-type: none"> • Ocean • Passaic • Raritan Valley • Rowan • College at Gloucester • Salem • Sussex • Union • Warren 	<ul style="list-style-type: none"> • Kean • Montclair • New Jersey City • NJIT • Ramapo • Rowan • Rutgers, The State University • Stockton University • The College of NJ • Thomas Edison • UMDNJ • William Paterson 	<ul style="list-style-type: none"> • Bais Medrash Toras Chesed* • Berkeley* • Beth Medrash Govoha • Bloomfield • Caldwell • Centenary • College of St. Elizabeth • Devry* • Drew • Eastern International* • Eastwick* • Fairleigh Dickinson • Felician • Georgian Court 	<ul style="list-style-type: none"> • Monmouth • Princeton • Rabbi Jacob Joseph* • Rider • Saint Peter's • Seton Hall • Pillar* • Stevens Institute of Technology • Talmudical* • Yeshivas Be'er Yitzchok* • Yeshiva Toras Chaim*

* must be enrolled in an eligible undergraduate degree program

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

NJHESAA
PO Box 540

Trenton, New Jersey 08625-0540

or email to scholarsapp@hesaa.org

If you need further information or help in completing this form, call 609-588-3266,
8:00 am to 4:30pm Monday through Friday.

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.