



Children of Fallen Heroes Scholarship

The Children of Fallen Heroes Scholarship has been established by the U.S. Department of Education beginning with the 2019-2020 award year. A Pell Grant eligible student who whose parent or guardian died in the line of duty while performing as a public safety officer is eligible to receive a maximum Pell Grant for the award year for which the determination of eligibility is made. All Title IV aid awarded to such eligible students must be based on an EFC of zero without regard to the student's calculated EFC.

Eligibility Requirements

- Pell Grant Eligible (Complete FASFA file)
Pell EFC up to 5576 for 2019-2020 award year
Less than 24 years of age or enrolled at an institution of higher ed at the time of his or her parent's or guardian's death.
For purposes of the Children of Fallen Heroes Scholarship, a public safety officer is:
o As defined in section 1204 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796b); or
o A fire police officer, defined as an individual who is serving in accordance with State or local law as an officially recognized or designated member of a legally organized public safety agency and provides scene security or directs traffic in response to any fire drill, fire call, or other fire, rescue, or police emergency, or at a planned special event.

Application Requirements to Attach:

- A determination letter acknowledging eligibility for certain federal benefits under the Public Safety Officers Benefit (PSOB) program administered by the Department of Justice;
A written letter of attestation or determination made by a state or local government official with supervisory or other relevant oversight authority of an individual who died in the line of duty while serving as a public safety officer as defined above;
Documentation of student qualifying for state tuition or other state benefit accorded to the children or other family members of a public safety officer consistent with definition in 42 U.S.C. 3796b, or a fire police officer as noted above; or
Other documentation the school determines to be from a credible source that describes or reports the circumstances of the death and the occupation of the parent or guardian.

CNM Student ID#: CNM Email:

Name: Last First Middle Initial

Address: Apartment:

City: State: Zip Code: Phone Number:

Enrolled in college at time of parent/guardian's death? Y or N Date of Parent/Guardian's Death:
Was under age 24? Y or N

FAFSA Completed? Y or N Complete FAFSA file required

I certify that the information I have provided is true and correct to the best of my knowledge.

Signature Date

Submit completed application to Financial Aid & Scholarship Services Main Campus