

Read the instructions before completing the application. Student must complete Section A and hand in the application and a copy of the Benefit Fund Certificate from the Commissioner of Public Safety to the Financial Aid Office at the institution the student will be attending. The Financial Aid Administrator must complete Section B and submit the completed application and eligibility certificate to the Minnesota Office of Higher Education (OHE).

Application Checklist

- ☐ Complete Section A of application by the student – *must be signed and dated*
- ☐ Copy of Public Safety Officer's Benefit Fund Certificate from the Commissioner of Public Safety (new applicants only)
- ☐ Complete Section B by Financial Aid Administrator at the institution

Eligibility

To be eligible, a student must:

1. Be a dependent child under the age of 23 (or 30 if dependent child served on active military duty for 181 consecutive days or more and has been honorably discharged or released from the reserve or National Guard unit) or the surviving spouse of a public safety officer killed in the line of duty on or after January 1, 1973;
2. Be enrolled in an undergraduate or graduate degree, or a certificate program at an eligible Minnesota institution that participates in the State Grant Program;
3. Not have received benefits for more than 10 semesters or 15 quarters (a student who fully withdraws for active military service may be permitted to an additional semester of grant eligibility); and
4. Attain a copy of the eligibility certification from the Commissioner of Public Safety (new applicants only)

Award Amount

The award amount is the lesser of:

- a. the annual average full-time tuition and mandatory fees charged by the institution, prorated for term length and enrollment level; or
- b. the applicable tuition and fee maximum established in law, prorated for term length and enrollment level.

Renewal

Each award is given for one academic year and is renewable for a maximum of eight semesters, 12 quarters or the equivalent. The student must reapply for the grant each academic year.

NOTICE TO APPLICANTS**Alternate Format Available**

The Office of Higher Education does not discriminate on the basis of disability in the admission or access to, or treatment or employment, in its programs or activities. This document can be made available in an alternative format to individuals by calling (800) 657-3866 or (651) 642-0567.

Use of Data

Pursuant to Minnesota Statutes, Sec. 13.04, subd. 2, you are hereby informed that the information supplied in this form may be used as follows: (1) in the processing and verification of the data supplied to determine your eligibility for this program; and (2) for compilation and analysis of summary data relative to this program. Private data, including identifying information, will not be disclosed under Minnesota Statutes, Sec. 13.32, unless otherwise stated by statute or at the request of the Legislative Auditor. You are not required to provide the information supplied in this form. However, failure to submit requested data may prevent further processing of this form. The information supplied in this form may be shared with other public and private individuals and entities in order to use the information for the purposes specified above.

Family Education Rights and Privacy Act of 1974 (FERPA)

FERPA pertains specifically to education records of students, affording them certain rights with respect to those records. Education records are records that directly relate to a student and are maintained by an institution or a party acting as an institution. FERPA applies to all educational agencies and institutions that receive funding under most programs administered by the Secretary of Education (34 C.F.R. 99.1). Almost all postsecondary institutions, both public and private, generally receive such funding and must comply with FERPA. Under FERPA, students are given three primary rights: (1) inspect and review their education records; (2) have some control over the disclosure of information from their education records; (3) and seek to amend incorrect education records.



OFFICE OF
HIGHER EDUCATION

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Public Safety Officer's Survivor Grant Program
Application

2025-2026

Application

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SECTION A – To be completed by student

1. Name (Last, First, Middle)		2. Date of Birth (mm/dd/yyyy)	
3. Email Address		4. Telephone Number () -	
5. Permanent Home Address		6. City, State, Zip Code	
7. Have you received the Public Safety Officer's Survivor Grant in a previous school year/term?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. I am: (check one) <input type="checkbox"/> Enrolled in a 4-year undergraduate degree program. <input type="checkbox"/> Enrolled in a certificate program. <input type="checkbox"/> Enrolled in a 2-year undergraduate degree program. <input type="checkbox"/> Enrolled in a graduate degree program.			
9. I am: (check one) <input type="checkbox"/> A surviving spouse of a public safety officer killed in the line of duty. <input type="checkbox"/> A surviving dependent child of a public safety officer killed in the line of duty. (Complete item #10 and #11)			
10. If you are the surviving dependent child, did you serve on active military duty for 181 consecutive days or more and have been honorably discharged or released to your reserve or National Guard unit? (if yes, skip #11)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. If you are the surviving dependent child, when will you be 23 years of age? (mm/dd/yyyy)			

STUDENT CERTIFICATION

I certify that the information on this application is true and correct. I give the Office of Higher Education permission to secure information about my financial aid and enrollment from the postsecondary institution that I attend. I understand that this form is used to establish eligibility for the Public Safety Officer's Survivor Grant Program and that if I purposely give false or misleading information on this form, I am subject to a fine, prison sentence or both; and such action may result in the forfeiture of future awards from this program.

Student's Signature	Date (mm/dd/yyyy)
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SECTION B - To be completed by the postsecondary institution

1. Name of Postsecondary Institution		2. Federal School Code	
3. Name of School Administrator		4. Telephone Number () -	
5. School Administrator's Email Address			

IMPORTANT: Section B must be submitted for each term the student is enrolled in after the add/drop deadline.

6. Indicate the enrollment level (# credits) for the term the student applying for?					
Term	Summer I	Fall	Winter	Spring	Summer II
Start & End Date					
# of Credits					
School Administrator's Signature				Date (mm/dd/yyyy)	