

**ALABAMA COMMISSION ON HIGHER EDUCATION**

**Grants and Scholarships Department**

P.O. Box 302000

100 North Union Street

Montgomery AL 36130-2000

ACHE Date Stamp

**APPLICATION AND CERTIFICATION  
OF ELIGIBILITY UNDER THE POLICE OFFICER'S AND  
FIREFIGHTER'S SURVIVORS EDUCATIONAL ASSISTANCE PROGRAM**

Name of Applicant: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Rural Route or Street and Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**Relation of Applicant to Law Enforcement Officer, Firefighter, or Rescue Squad Member: (Check one)**

\_\_\_\_\_ Natural child who was under 21 at the time of death or total disability in the line of duty.

\_\_\_\_\_ Adopted child who was under 21 at the time of death or total disability in the line of duty.

\_\_\_\_\_ Spouse who has not remarried, and whose initial enrollment is within five years of the time of death or within five years from September 1999 for total disability that occurred in the line of duty.

**Documentation attached: (Check one)**

\_\_\_\_\_ Copy of Birth Certificate for Natural Child

\_\_\_\_\_ Copy of Adoption Papers for Adopted Child and document stating the number of years living in household

\_\_\_\_\_ Copy of Marriage Certification for Spouse

Name of sworn full-time police officer, firefighter or rescue squad member killed or totally disabled in the line of duty. **Attach 1) certified copy of death certificate or letter from a qualified physician verifying the police officer, firefighter or rescue squad member is totally disabled, and 2) a letter from the employer stating the officer, firefighter or rescue squad member was killed or totally disabled in the line of duty.**

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
(Last)

Officer was Employed by: \_\_\_\_\_  
(Name of Agency, Department or City/County Government)

Name of College or University \_\_\_\_\_

Terms Aid Is Requested (Please check)      \_\_\_\_\_ Fall    \_\_\_\_\_ Spring    \_\_\_\_\_ Summer

I hereby certify that I have been accepted for enrollment, or am enrolled, as a student in good academic standing at the institution noted above. I also acknowledge that the statements and attachments included with this Application and Certification of Eligibility for benefits under The Code of Alabama 1975, Sections 36-21-100 through 36-21-105 are true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**THE APPLICANT IS HEREBY CERTIFIED** as qualified under the provisions of The Code of Alabama 1975, Sections 36-21-100 through 36-21-105 and eligible for educational assistance for undergraduate study at the postsecondary educational institution listed above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chair of the Tuition Eligibility Board

**USE OF SOCIAL SECURITY NUMBER**

Section 7(a) of the Privacy Act of 1974 (5 U.S.C. 522A) requires that when any Federal, State, or local government agency requests an individual to disclose his/her Social Security account number, that individual must also be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it.

Accordingly, applicants are advised that disclosure of their Social Security Account Number (SSAN) is required as a condition for participation in the Police Officer's and Firefighter's Survivors Educational Assistance Program in view of the practical administrative difficulties which the Program would encounter in maintaining adequate program records without the continued use of the SSAN.

The SSAN will be used to verify the identity of the applicant and as an account number (identifier) throughout the life of the scholarship in order to record necessary data accurately. As an identifier, the SSAN is used in such Program activities as determining Program eligibility, certifying school attendance, making and verifying scholarship payments, and maintaining records of scholarship payments. Authority for requiring the disclosure of an applicant's SSAN is in Section 7(a)(2) of the Privacy Act, which provides that an agency may require disclosure of an individual SSAN as a condition for the granting of a right, benefit, or privilege provided by law.

This form must be completed and returned to:

**Alabama Commission on Higher Education  
Grants and Scholarships Department  
P.O. Box 302000  
100 North Union Street  
Montgomery AL 36130-2000**