ALABAMA COMMISSION ON HIGHER EDUCATION Grants and Scholarships Department

P.O. Box 302000 Montgomery AL 36130-2000

ACHE Date Stamp			

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

(Last)	(First)	(Middle)
	Email Addre	
(Rura	al Route or Street and Number)	
(City)	(State)	(Zip Code)
Home Telephone:	Cellphone:	Work Telephone:
	original application and certification of Survivors Educational Assistance Progration is: (Check one)	
	an to attend a new institution as listed	below.
Changed because I ar	m a spouse who has remarried.	
Transcript(s) must be attached: (Checl	k one)	
transcript is attached I attended more than transcripts reflecting I did not attend the c	nstitution during the current academic n one institution during the current aca all course work are attached. current academic year and transcript(s) ing all course work are attached.	demic year and
I hereby certify that I have been accepting good academic standing at the institute attachments included with this renew Alabama 1975, Sections 36-21-100 thr	itution noted below. I also acknowled a val application for continued eligibility	ge that the statements and for benefits under The Code of
Institution	Signature of Applica	ant Date
Terms Aid Is Requested (Please check	Expected Graduation	Date
Fall		(Month/Year)
Spring		
Summer		

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 continued educational assistance for undergraduate study at the postsecondary educational institution listed by the applicant.		
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 Montgomery AL 36130-2000

Please attach all transcripts