

## GRANT PROGRAMS FOR DEPENDENTS OF POLICE, FIRE OR CORRECTIONAL OFFICERS APPLICATION 2017-18 ACADEMIC YEAR – FALL 2017 THROUGH SUMMER 2018

You may contact an ISAC Call Center Representative via telephone at 800.899.4722 or e-mail at ISAC.studentservices@isac.illinois.gov regarding information on this application and/or visit our website at isac.org. Mail pages 1 and 2 of this application (see above).

### APPLICATION INFORMATION

**IMPORTANT PLEASE NOTE that your Social Security number is needed for identification, verification and processing purposes in furtherance of your request for financial aid.**

**Apply Early/Check Applicant Status**

Complete applications received by ISAC after the deadline dates listed below will be processed only for subsequent terms, with June 15, 2018 as the final date of acceptance for the summer term of the 2017-18 academic year. Allow at least four weeks for the processing of this application. Visit the website at isac.org for processing updates.

It is the applicant's responsibility to allow sufficient mailing time in order for complete applications to be **received** at ISAC on or before the applicable deadline date, based on the term in 2017-18 for which he/she plans to receive funds. It is also the applicant's responsibility to retain documentation that the application was mailed. ISAC is not responsible for misdirected or illegible applications.

**Deadline dates for applying: October 1, 2017** – Full Year Consideration; **March 1, 2018** – Only 2<sup>nd</sup> Semester (2<sup>nd</sup>/3<sup>rd</sup> Quarter) and Summer Consideration; **June 15, 2018** – Only Summer Term Consideration

**PLEASE PRINT LEGIBLY IN INK OR TYPE.** The applicant is to answer each of the items below, sign the certification statement, date the application and send it to the Illinois Student Assistance Commission (ISAC). Incomplete applications may result in the delay of payment or disqualification. Applicants must read the second page of this form regarding eligibility, benefits and application procedures.

### SECTION I: APPLICANT'S INFORMATION (Applicant must reapply each academic year)

**STUDENT'S RELATIONSHIP TO POLICE, FIRE OR CORRECTIONAL OFFICER:**     Spouse     Child

Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]	Last Name	First Name	MI
Prior Last Name, if applicable	Date of Birth		
Permanent Address	Area Code and Telephone Number ( [ ][ ][ ] ) [ ][ ][ ] - [ ][ ][ ][ ][ ]		
City	State	ZIP Code	
E-Mail Address (optional)	Program of Study (Major)		
<input type="checkbox"/> New (First Time Applicant) <input type="checkbox"/> Renewal (Prior Qualified Applicant)	<input type="checkbox"/> Citizen <input type="checkbox"/> Eligible noncitizen    A# _____		
College/University applicant will attend _____		ISAC College Code (optional) [ ][ ][ ]	

A listing of Illinois 2 or 4 year colleges approved to participate in the Grant Programs for Dependents of Police, Fire or Correctional Officers, including each college's 3-digit ISAC College Code, is available online at [isac.org](http://isac.org).

Check the terms that the applicant plans to attend:  
 1<sup>st</sup> Semester/Quarter 2017     2<sup>nd</sup> Semester/Quarter 2018     3<sup>rd</sup> Quarter 2018     Summer 2018

2017-18 Academic Level: \_\_\_\_\_ Anticipated Graduation Date: (month/day/year)

### SECTION II: OFFICER'S BIOGRAPHICAL INFORMATION

Once eligibility has been established for one member of the family, it is established for all qualified applicants in the family. Only the first family member to apply who is subsequently determined to be a qualified applicant for this grant must complete this section and supply the officer's certified death certificate or the certified statement of a licensed physician. The physician's statement, on his/her letterhead, must certify that the officer has a mental or physical condition that is reasonably certain to continue throughout the lifetime of the officer, resulting in a 90% to 100% incapacity from performing substantial and material duties previously discharged. Separate documentation must be submitted to prove that the death or permanent disability occurred in the line of duty (usually from the officer's pension board or employer).

Has the applicant or qualified family member been determined eligible for this grant?

Yes, Skip Section II and complete Section III only  
Name of Qualified Family Member: \_\_\_\_\_ Prior name of Qualified Family Member (if applicable): \_\_\_\_\_

No, Complete Sections II & III

Name of Officer	Social Security Number:	[ ][ ]-[ ][ ]-[ ][ ][ ][ ]	
Permanent Address at time of death or disability			
City	State	ZIP Code	
Officer is: <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled	Date Deceased/Disabled (month, day, year):		
Police <input type="checkbox"/> Fire <input type="checkbox"/> Correctional <input type="checkbox"/> Employer at time of death or disability:	Position held by Officer:		

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**SECTION II: (continued)**

Please provide information regarding natural children, legally adopted children or children in the legal custody of the officer at the time of the officer was killed in the line of duty or at the time a permanently disabling injury occurred in the line of duty.

NAME	DATE OF BIRTH	IF IN HIGH SCHOOL OR OLDER, PLAN TO ATTEND AN ILLINOIS COLLEGE? Indicate YES or NO or NOT SURE	ANTICIPATED GRADUATION DATE FROM COLLEGE (month/day/year)

**Section III: CERTIFICATION STATEMENT**

I certify, under the penalties of perjury as provided by law, that all information on this application and the required documentation submitted with the application is true and correct and that I meet the eligibility requirements itemized on page two of this application. I certify that I am not in default on an educational loan nor do I owe a refund on a federal or state grant. I certify that I meet federal Selective Service registration requirements. I have read both pages of this application before signing it. Further, I give my consent to the college I attend to release information to ISAC concerning my eligibility for the Grant Programs for Dependents of Police, Fire and Correctional Officers. I certify that this is a true and original application form provided by ISAC.

<p>_____</p> <p>Applicant's Signature</p>	<p>_____</p> <p>Date</p>
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# GRANT PROGRAMS FOR DEPENDENTS OF POLICE, FIRE OR CORRECTIONAL OFFICERS APPLICATION ACADEMIC YEAR 2017-18 APPLICATION INSTRUCTIONS

## APPLICANT ELIGIBILITY:

1. A qualified applicant shall be:
  - a. either:
    - i. the natural child, legally adopted child, or child in the legal custody of an Illinois police, fire or correctional officer at the time the officer was killed in the line of duty or at the time a permanently disabling injury occurred in the line of duty; or
    - ii. the husband or wife of the Illinois police, fire or correctional officer at the time the officer was killed in the line of duty or at the time a permanently disabling injury occurred in the line of duty; and
  - b. a United States citizen or eligible noncitizen; and
  - c. enrolled on at least a half-time basis at an institution that is approved for participation in the Monetary Award Program (MAP) (see [isac.org](http://isac.org)).
2. An applicant need not be a resident of Illinois at the time of enrollment.
3. An applicant does not have to demonstrate financial need to receive this grant.
4. A spouse who remarries after an Illinois police, fire or correctional officer is killed in the line of duty, or who divorces a permanently disabled Illinois police, fire or correctional officer, is not eligible. Common law partners are not eligible.
5. A step-child who was not in the legal custody of the Illinois police, fire or correctional officer at the time the officer died or sustained a permanently disabling injury in the line of duty is not eligible.

## BENEFITS:

1. Grant payment is subject to sufficient annual appropriations by the Illinois General Assembly and the governor.
2. In the event funds are insufficient to make awards to all timely qualified applicants, award amounts may be prorated.
3. Recipients attending approved public colleges in Illinois shall receive full payment of tuition and mandatory fees on their behalf. The grant will cover the difference in cost for courses taken at an out-of-district college that are not offered at a recipient's in-district college. Recipients attending approved private colleges in Illinois shall receive payment of tuition and mandatory fees in an amount not to exceed the maximum grant payable to a student enrolled in the most expensive comparable program of study at a public college in Illinois.
4. The grant may be used at any public or private college approved for participation in the Monetary Award Program (MAP). Benefits are limited to the full-time enrollment equivalent of eight semesters or twelve quarters of payment. See [isac.org](http://isac.org) for a listing of approved colleges.
5. The applicant may receive benefits for undergraduate or graduate enrollment.

## APPLICATION PROCEDURES:

1. Complete applications received by ISAC after the deadline dates (see page 1) will be processed only for subsequent terms, with June 15, 2018 as the final date of acceptance for the summer term of the 2017-18 academic year.
2. The applicant must apply for the educational benefits and must supply all required documentation. In order to receive benefits, **one application must be on file for each academic year**, which begins with the fall term and concludes the following summer term. No payments will be made on behalf of an eligible student unless a current and complete application is on file.
  - a. Section I: Applicant's Information portion must be filed annually for each applicant.
  - b. Section II: Officer's Biographical Information portion of the application needs to be completed only on the initial application. Once eligibility has been established for one member of a family, it is established for all qualified applicants in the family.

The applicant's initial application must be accompanied by the officer's certified death certificate or, for disabled officers, the certified statement of a licensed physician. The physician's statement, on his/her letterhead, must certify that the officer has a mental or physical condition that is reasonably certain to continue throughout the lifetime of the officer, resulting in a 90% to 100% incapacity from performing substantial and material duties previously discharged.

Please note: If the doctor does not state the percentage of disability, the application is incomplete.

Separate documentation must be submitted to prove that the death or permanent disability of the officer occurred in the line of duty (usually from the officer's pension board or employer).
  - c. Section III: Certification Statement must be completed annually.
3. If required by the college, the applicant should present a copy of the eligibility letter to his/her college's financial aid office at the time of enrollment. If the applicant is already enrolled when the eligibility letter is received, the letter should be presented to the college financial aid office **immediately**. Payments are made directly to the college at which the student is enrolled. The college also has deadlines for requesting payment on a student's behalf. Failure to present the eligibility letter and/or to notify ISAC of a college choice change, as required, may result in the loss of benefits.
4. Allow at least four weeks for the processing of this application. Visit the ISAC website at [isac.org](http://isac.org) for processing updates or call ISAC at 800.899.ISAC (4722).

Note: ***Proof that the applicant meets the eligibility requirements (such as a birth certificate, marriage certificate, court documents, etc.) may be required before or after the applicant's initial eligibility is determined.***

Mail pages 1 and 2 of the completed application to the address on page 1.