

GRANT PROGRAM FOR DEPENDENTS OF POLICE, FIRE OR CORRECTIONAL OFFICERS APPLICATION

2008-09 ACADEMIC YEAR – FALL 2008 THROUGH SUMMER 2009

You may contact a College Zone Counselor via telephone at 800.899.4722 or e-mail at collegezone@isac.org regarding information on this application and/or visit our Web site collegezone.com.

APPLICATION INFORMATION

Apply Early/Check Applicant Status

Applications received by ISAC after the deadline dates listed below will be processed only for subsequent terms, with June 15, 2009 as the final date of acceptance for the Summer term of the 2008-09 academic year. Allow at least four weeks for the processing of this application. Visit the Web site at collegezone.com 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 2008-09 for which he/she plans to receive funds.

Deadline dates for applying: October 1, 2008 – Full Year Consideration; **March 1, 2009** – Only 2nd Semester (2nd/3rd Quarter) and Summer Consideration; **June 15, 2009** – 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. Applicant 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: <input type="checkbox"/> Spouse <input type="checkbox"/> Child							
Social Security Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					Last Name	First Name	MI
Prior Last Name, if applicable	Date of Birth						
Permanent Address	Area Code and Telephone Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>						
City	State	ZIP Code					
<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 <table border="1" style="width: 60px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>							
A listing of Illinois 2 or 4 year colleges approved to participate in the Grant Program for Dependents of Police, Fire or Correctional Officers, including each college's 3-digit ISAC College Code, is available online at collegezone.com .							
Check the terms that the applicant plans to attend: <input type="checkbox"/> 1 st Semester/Quarter 2008 <input type="checkbox"/> 2 nd Semester/Quarter 2009 <input type="checkbox"/> 3 rd Quarter 2009 <input type="checkbox"/> Summer 2009							
2008-09 Academic Level	Anticipated Graduation Date: (month/day/year)	Program of Study (Major):					

SECTION II: OFFICER'S BIOGRAPHICAL INFORMATION

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 certified death certificate or the certified statement of a licensed physician. Once eligibility has been established for one member of the family, it is established for all qualified applicants in the family. The physician's statement must certify that there is 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. Documentation must be submitted to prove that the death or disability occurred in the line of duty.

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

Yes, Skip Section II and complete Section III only No, Complete Section II & III

Name of Officer	Social Security Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					
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:					
Names of natural children, legally adopted children or children in the legal custody of the officer at the time of death or disability:						

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 officer's place of employment (to include the benefits administrator), the officer's physician, the medical examiner's office, and 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.

 Applicant's Signature

 Date

GRANT PROGRAM FOR DEPENDENTS OF POLICE, FIRE OR CORRECTIONAL OFFICERS APPLICATION ACADEMIC YEAR 2008-09 APPLICATION INSTRUCTIONS

ELIGIBILITY REQUIREMENTS:

The applicant must:

1. Be the child or spouse of a police, fire or correctional officer who was killed or at least 90% permanently disabled in the line of duty.
 - a. The police or fire officer must have been an employee (or volunteer) of an Illinois police or fire department.

The correctional officer must have been employed in a security position by the Illinois Department of Corrections.
 - b. The children must be natural or legally adopted or in the legal custody of the police, fire or correctional officer at the time of death or disability. (ISAC may require proof of legal custody.)
 - c. Spouse means the husband or wife of the officer at the time of the officer's death or permanent disability. A spouse who remarries after an officer is killed in the line of duty, or who divorces a permanently disabled officer, is not eligible. Common law partners are not eligible.
2. Be a United States citizen or eligible noncitizen.
3. Not be in default on any educational loan or owe a refund on a federal or state grant.
4. Be enrolled on at least a half time basis at an ISAC approved Illinois 2- or 4-year public or private college and be making satisfactory academic progress toward a degree or certificate.
5. Applicants must notify ISAC in writing of any change affecting his/her enrollment status, name or address.

Note: Illinois residency at the time of enrollment in college is not required.

BENEFITS:

1. Grant payment is subject to the limits of dollars appropriated for this program by the Illinois General Assembly.
2. In the event funds are insufficient to make awards to all eligible applicants, ISAC will make award determinations on the basis of the dates that the completed applications were received and 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 collegezone.com for a listing of approved colleges.

5. The applicant may receive benefits for undergraduate or graduate enrollment.

APPLICATION PROCEDURES:

1. Applications received by ISAC after the deadline dates (see page 1) will be processed only for subsequent terms, with June 15, 2009 as the final date of acceptance for the Summer term of the 2008-09 academic year.
2. The applicant must apply for the educational benefits and must supply all requested information. 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: Student's Information portion must be filed annually for each applicant.
 - b. Section II: Biographical Data 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 a certified death certificate or the certified statement of a licensed physician. The physician's statement must certify that there is 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.

Documentation must be submitted to prove that the death or permanent disability occurred in the line of duty.
 - 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 Web site at collegezone.com for processing updates or call ISAC at 800.899.ISAC (4722).

Mail or fax page 1 of the completed application to:

**D-1B, P/F/C Processing
Illinois Student Assistance Commission
1755 Lake Cook Road
Deerfield, IL 60015-5209
Fax: 847.831.8549**