



U.S. Department of Justice  
Office of Justice Programs  
Bureau of Justice Assistance  
Public Safety Officers' Benefits Program  
Washington, DC 20531

FAX (202) 616-0314

**APPLICATION FOR  
PUBLIC SAFETY OFFICERS'  
EDUCATIONAL ASSISTANCE  
(42 U.S.C. 3796d)**

**Important:** No benefits can be paid unless a completed application has been received (28 CFR Part 32.20). The information requested on this form is necessary to determine your eligibility for educational assistance. Your responses are considered confidential (38 USC 5701) and may be disclosed outside of the Office of Justice Programs only if the disclosure is authorized under the Privacy Act. **Paperwork Reduction Notice:** Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and that impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is approximately 20 minutes. If you have comments regarding the accuracy of this estimate or suggestions for making this form more simple, please write to the Public Safety Officers' Benefits Program at the above address.

**PART I – APPLICANT INFORMATION**

1. Name (First, Middle, Last)

2. Social Security Number

3. Date of Birth

4. Relationship of Applicant to Public Safety Officer

Spouse

Child

5. Applicant's **PERMANENT** Mailing Address  
(Include Street/P.O. Box, City, State, Zip Code)

6. Contact Information

The contact for all educational assistance matters will be the:  
applicant  applicant's parent / guardian

\_\_\_\_\_ name of parent / guardian

(For phone numbers, include area code)

Home Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

7. Payment Information

I would like to receive my educational benefits by check.

I would like to receive my educational benefits by Direct Deposit.

Complete the following for Direct Deposits only:

Name of Bank: \_\_\_\_\_

Type of Account:  Savings  Checking

Account Number: \_\_\_\_\_

Bank's 9-Digit Routing Number: \_\_\_\_\_

**PLEASE CONTACT THE PSOB OFFICE IF ANY OF THE INFORMATION  
IN PART I CHANGES AFTER YOU SUBMIT YOUR APPLICATION**

