



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**

PART II – PUBLIC SAFETY OFFICER INFORMATION

8. Name of Public Safety Officer (First, Middle, Last)

9. Date of death or disability

10. Officer's Public Safety Agency (Agency Name, City, State)

PART III – APPLICANT'S RECORD OF EDUCATION

11. Type of School	Graduation or Expected Graduation Date	Dates Attended		Degree / Certification Attempting or Achieved	Name and Location of School
		From	To		
High School					
College / Trade					
College / Trade					
College / Trade					
College / Trade					

PART IV – SIGNATURES

I certify that all information set forth above is true to the best of my knowledge and belief. I authorize the release of school records to the Department of Justice for the sole purpose of administering the PSOEA Program. I understand that I must provide the PSOB office with a copy of my transcript each time I apply for benefits, and that failure to maintain satisfactory progress may result in a loss of additional assistance.

I certify that the PSOEA benefits being provided to me will only be used for educational or vocational purposes consistent with 42 USC 3796d and 28 CFR 32. I further certify that I am not in default on any student loans provided or guaranteed by the United States Government.

12. Signature of Applicant

13. Date Signed

14. If the applicant is under the age of 18, the following items must be completed:

I am the applicant's Parent Guardian

Printed Name

Signature

Parent / Guardian's Address

Parent / Guardian's Phone Number

PENALTY – A false statement or information associated with this application may be grounds for nonpayment of benefits and may be punishable by fine or imprisonment (18 USC 1001). All information given will be considered in reviewing your application for benefits and is subject to investigation.