SHENANDOAH® UNIVERSITY
Financial Aid

2027-2028 – Fallen in Line of Duty Form

Student Name:_____ **ID:** _____

On your FAFSA application you have answered "Yes" that your parent was killed in the line of duty while (1) serving on active duty as a member of the U.S. armed forces or after September 11, 2001, or (2) performing official duties as a public safety officer:

Please check the selection below that applies to you:

- ☐ I indicated this in error.
- ☐ My parent was killed in the line of duty while serving as an active duty U.S. armed forces member on or after September 11, 2001. *(If so, please provide supporting documentation.)*
- ☐ My parent was killed in the line of duty performing official duties as a public safety officer* on or after September 11, 2001. *(If so, please provide supporting documentation.)*
- ☐ I have previously submitted documentation to the Financial Aid Office in a prior year. I am requesting my subsequent determination be made by a Financial Aid Administrator. I am providing a written, signed statement indicating my current situation.

*A public safety officer generally includes the following:

- Law enforcement officer, firefighter, or chaplain
- Federal Emergency Management Agency (FEMA) employee
- Emergency management or civil defense agency employee
- Member of a rescue squad or ambulance crew
- Others defined in the Omnibus Crime Control and Safe Streets Act of 1968

*****PLEASE MAKE SURE TO SUBMIT ALL REQUIRED DOCUMENTATION TO THE FINANCIAL AID OFFICE ALONG WITH THIS FORM OR YOUR FINANCIAL AID MAY BE DELAYED*****

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or

Certification and Signature: By signing this worksheet, I certify that all of the information reported on it is complete and correct.

_____ _____

Student Signature - required Date