

# POSTSECONDARY EDUCATIONAL GRATUITY PROGRAM



## APPLICATION FORM

PLEASE NOTE THE FOLLOWING BEFORE COMPLETING THIS APPLICATION:

1. This application must be received by PHEAA by March 31 of the academic year for which enrollment is planned and covers the Fall, Winter, Spring and Summer terms of that period
2. The "student" (who is the applicant) is the son or daughter of the person who died in the performance of duty and, except where noted, all requested information is for the student.
3. All applicants must apply for state and federal grants, and other available scholarship aid. Contact the financial aid administrator at the school you plan to attend for assistance.
4. All applicants must be enrolled full-time in an undergraduate degree seeking program of study.
5. A certified Birth or Adoption Certificate and a copy of the letter of admission to an eligible school must be attached to this application. A certified birth certificate is one with a raised seal. See Instructions on reverse for further information.

**1. STUDENT NAME**

LAST	FIRST	MI
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**2. STREET ADDRESS** (Note - P.O. Box addresses must be accompanied by a street address)

\_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**3. SOCIAL SECURITY NUMBER** .....

**4. DATE OF BIRTH** (Certified Birth or Adoption Certificate must be attached to application.) .....

**5. PERMANENT HOME TELEPHONE NUMBER** .....

**6. EMAIL ADDRESS** .....

**7. STATE OF LEGAL RESIDENCE** (State of legal residence is based on domicile, which is a person's true, fixed, and permanent home, the place in which the person normally resides and to which the person intends to return whenever absent.) .....

**8. DATE YOU BECAME A LEGAL RESIDENT OF STATE IN ITEM #7** .....

**9. DECEASED PARENT'S FULL NAME** \_\_\_\_\_

**10. DECEASED PARENT'S SOCIAL SECURITY NUMBER** .....

**11. DECEASED PARENT'S DATE OF DEATH** .....

**12. DECEASED PARENT'S QUALIFYING SERVICE** (Police Officer, Correction Employee, etc.) \_\_\_\_\_

**13. DECEASED PARENT'S EMPLOYER** (At time of death.) \_\_\_\_\_

**14. CIRCUMSTANCES OF PARENT'S DEATH** (Include actual cause of death and whether on duty.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**15. TYPE OF DEGREE PROGRAM:**

- Associate Degree                       Bachelor's Degree                       Graduate Studies

**16. DATE YOU EXPECT TO RECEIVE YOUR DEGREE** .....

**17. COLLEGE YOU PLAN TO ATTEND** (See instructions and list of approved schools.)

Term	College Name	College Code	College City
Fall Term	_____	_____	_____
Winter Quarter	_____	_____	_____
Spring Term	_____	_____	_____
Summer Term	_____	_____	_____

**18. EXPECTED ENROLLMENT STATUS: Check only one enrollment status for each term.** (See definitions below.)

Beginning Date	Status	Fall Term	Winter Quarter	Spring Term	Summer Term
____/____/____	Not enrolled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____/____/____	Full-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____/____/____	Not full-time but at least half-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____/____/____	Less than half-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STATEMENT OF CERTIFICATION OF AUTHORIZATION**

By signing the Application for the Postsecondary Educational Gratuity Program, I/we hereby affirm that the signature below constitutes acceptance of the Statement of Certification of Authorization below, which is incorporated herein by reference and which I/we have read, understand, agree to and certify.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_  
 Surviving Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS AND INFORMATION**

Return this completed application along with a certified birth or adoption certificate and copy of letter of admission to an eligible school to:

Pennsylvania Higher Education Assistance Agency (PHEAA)  
 Postsecondary Educational Gratuity Program  
 State Grant and Special Programs  
 P.O. Box 8157  
 Harrisburg, PA 17105-8157

Applicants born in Pennsylvania can obtain a certified birth certificate from the Pennsylvania Department of Health, Division of Vital Records by calling 1-724-656-3100, by mail to: Pennsylvania Department of Health, Division of Vital Records, 101 South Mercer Street, Room 401, P.O. Box 1528, New Castle, PA 16101 or visit [www.health.state.pa.us/vital](http://www.health.state.pa.us/vital) records to download the required form. Adopted applicants should provide official documentation of adoption from a court of record or the Commonwealth of Pennsylvania.

**ENROLLMENT STATUS (Question #18)**

Provide the beginning date (month, day, year) and enrollment status for **each** term of enrollment planned.

**FULL-TIME**—12 credits or more per semester or the equivalent at a quarter school or clock hour institution.

**HALF-TIME**—6-11.9 credits per semester or the equivalent at a quarter school or clock hour institution.

**LESS THAN HALF-TIME**—Less than 6 credits per semester or the equivalent at a quarter school or clock hour institution.

**PARENT'S SIGNATURE**

If the surviving parent is not available to sign this application, please attach an explanation.

**INFORMATION ON THE PRIVACY ACT AND USE OF YOUR SOCIAL SECURITY NUMBER**

The Privacy Act of 1974 requires that each federal, state or local agency that asks for your social security number or other information must tell you the following:

1. The Agency's legal right to ask for the information and whether the law says you must give it;
2. What purpose the Agency has in asking for it and how it will be used; and
3. What could happen if you do not give it.

The number is needed to be sure we know who you are, to process your application, and to keep track of your record. We use your social security number in recording information about your college attendance;

and in making sure that you have received the benefit of this waiver. If you do not give us your social security number, you will not receive aid under the Postsecondary Educational Gratuity Program (PEGP).

Pennsylvania PEGP applicants are hereby advised that disclosure of their social security number is a requirement and a condition for participation in the Postsecondary Educational Gratuity Program. The Agency, without such an identifier, would have difficulty in maintaining proper program records. Section 7(a)(2) of the Privacy Act provides that an agency may continue to require the disclosure of an individual's social security account number where the agency required this disclosure under statute or regulations prior to January 1, 1975, in order to verify the identity of the individual. Beginning in 1966 with Form S-1A-66 (First Application), applicants have been required to answer all questions completely or face disqualification for grant assistance. All subsequent forms utilized by PHEAA contain the social security account number as the identifier of the applicant, including eligibility announcements forwarded to the student and the financial aid officer of the postsecondary institution.

**STATEMENT OF CERTIFICATION OF AUTHORIZATION**

By signing the application, I/we authorize PHEAA, for any year in which the applicant is considered for a PEGP gratuity, to make public announcement of any PEGP award or rejection for PEGP award made to the applicant; to investigate in any manner deemed appropriate by PHEAA, the eligibility of the applicant for tuition waiver under PEGP; to forward to the postsecondary institution(s) which the applicant listed or subsequently indicates that the applicant may attend and to others administering financial aid which may bear on eligibility under the application, all information on any application and all information subsequently submitted to or acquired by the Agency. I/we also authorize and direct other federal, state and local government agencies to release to PHEAA information in their possession which may bear on my eligibility under the application. I/we understand that all documents submitted to PHEAA become the property of PHEAA and cannot be returned. I/we declare under penalty of the criminal laws of the Commonwealth of Pennsylvania that the application has been examined by me/us and to the best of my knowledge and belief is a true, correct and complete application (see 24 P.S. §5158.1 and 18 P.S. §4904).

I, the applicant, authorize and direct the educational institution at which I am enrolled to release to PHEAA any records or other information in the possession of the institution or any of its officers or agents which relate to my record at their institution or bear upon my eligibility for the Postsecondary Educational Gratuity Program.

I, the applicant, understand that this gratuity, if awarded, cannot exceed unpaid charges by the institution for tuition, fees, room and board after state and federal grants and other scholarship funds are applied.

# POSTSECONDARY EDUCATIONAL GRATUITY PROGRAM

## APPROVED SCHOOLS

### STATE-OWNED (State System of Higher Education)

011001 Bloomsburg University of Pennsylvania  
011006 California University of Pennsylvania  
011011 Cheyney University of Pennsylvania  
011016 Clarion University of Pennsylvania  
011021 East Stroudsburg University of Pennsylvania  
011026 Edinboro University of Pennsylvania  
011031 Indiana University of Pennsylvania  
011036 Kutztown University of Pennsylvania  
011041 Lock Haven University of Pennsylvania  
011046 Mansfield University of Pennsylvania  
011051 Millersville University of Pennsylvania  
011056 Shippensburg University of Pennsylvania  
011061 Slippery Rock University of Pennsylvania  
011066 West Chester University of Pennsylvania

### COMMUNITY COLLEGES

014009 Bucks County Community College  
014010 Butler County Community College  
014012 Pennsylvania Highlands Community College  
  
Community College of Allegheny County:  
014000 Allegheny Campus  
014020 Boyce Campus  
014022 Center North Campus  
014021 South Campus  
  
014026 Community College of Beaver County  
014006 Community College of Philadelphia  
014030 Delaware County Community College  
014001 Harrisburg Area Community College  
(All Campuses)  
014028 Lehigh-Carbon Community College  
014029 Luzerne County Community College  
014005 Montgomery County Community College  
014027 Northampton County Area Community College  
014035 Reading Area Community College  
014032 Westmoreland County Community College

### TECHNICAL SCHOOLS

014039 Northwest Pennsylvania Technical Institute

### STATE-RELATED

012026 Lincoln University  
  
Pennsylvania State University:  
012041 University Park (Main)  
012081 Berks Lehigh Valley College (Allentown)  
012082 Altoona Campus  
012083 Beaver Campus  
012084 Behrend Campus  
012085 Berks Lehigh Valley College (Berks)  
012080 Delaware County Campus  
012086 DuBois Campus  
012087 Fayette Campus  
012099 Capital College (Harrisburg)  
012088 Hazleton Campus  
012089 McKeesport Campus  
012090 Mont Alto Campus  
012091 New Kensington Campus  
012092 Abington College  
012093 Capital College (Schuylkill)  
012094 Worthington Scranton Campus  
012095 Shenango Campus  
012096 Wilkes-Barre Campus  
012097 York Campus  
012098 Pennsylvania College of Technology  
  
University of Pittsburgh:  
012071 Main Campus  
012072 Bradford Campus  
012073 Greensburg Campus  
012074 Johnstown Campus  
012075 Titusville Campus  
012510 School of Dental Medicine  
  
Temple University:  
012061 Main Campus  
012066 Pharmacy  
012103 Allied Health Sciences & Nursing  
012062 Ambler Campus  
012069 Tyler Campus