

## MASSACHUSETTS PUBLIC SERVICE GRANT PROGRAM APPLICATION

**PURPOSE:** In recognition of the hardship a family experiences upon the loss of a parent and/or spouse killed or missing in the line of public service duty, Massachusetts General Laws, Chapter 15A, Section 16 authorizes a Public Service Grant Program to provide educational opportunity to the remaining family members.

### ***APPLICATION PROCEDURES***

Complete a Public Service Grant Application, and submit the necessary documentation. You must also file the Free Application for Federal Student Aid (FAFSA).

- A. For a child or widowed spouse of a Massachusetts Police Officer, Firefighter, or Corrections Officer whose death occurred in the line of duty, **submit a certificate from the Massachusetts Retirement Board along with a copy of your birth certificate and if you are a spouse, a copy of your marriage certificate.**
  
- B. For a child of a Prisoner of War, Military or Service person missing in action in Southeast Asia between February 1, 1955 and the termination of the Vietnam campaign, or veteran who was killed in action or who died as a result of such service, submit the following:
  - 1. **Copy of your birth certificate.**
  - 2. **Copy of Veteran's death certificate.**
  - 3. **DD214 Form to show Veteran's service was credited to Massachusetts. You may obtain this form from your local Veteran's Administration Office.**
  - 4. **Proof that Veteran's death was service connected. You may obtain this from :**

**The Veteran's Administration Regional Office  
J.F. K. Federal Building  
100 Cambridge Street  
Boston, MA 02203**

### FIRST TIME APPLICANTS ONLY

Please complete the application and provide all the supporting documentation that is requested. It is your responsibility to provide all the necessary information. You must also file the Free Application for Federal Student Aid (FAFSA). The Office of Student Financial Assistance reserves the right to request additional documentation if necessary.

### RENEWAL APPLICANTS ONLY

To renew your grant each year, please download the [Massachusetts Public Service Grant Renewal Application](#). You must also file the Free Application for Federal Student Aid (FAFSA).

Submit the application and all supporting documentation to:

The Massachusetts Office of Student Financial Assistance  
Public Service Grant Program  
75 Pleasant Street  
Malden, MA 02148

**DEADLINE IS May 1, 2019**

***The May1st deadline applies to new applicants only.***

**MASSACHUSETTS PUBLIC SERVICE GRANT PROGRAM  
APPLICATION FOR FIRST TIME APPLICANT**

**2018-2019 ACADEMIC YEAR**

**USE THIS APPLICATION ONLY IF YOU ARE A FIRST TIME APPLICANT**

1. Applicant Name: \_\_\_\_\_

2. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

3. Social Security #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 4. Telephone #: \_\_\_\_\_

Check the Appropriate Line(s) in Question 5 or 6 ONLY.  
**DO NOT ANSWER BOTH 5 and 6**

5. Check Appropriate Line: \_\_\_\_\_ Child of: \_\_\_\_\_ Widowed Spouse of:

\_\_\_\_\_ Massachusetts Police Officer\*  
\_\_\_\_\_ Massachusetts Fire Fighter\*  
\_\_\_\_\_ Massachusetts Corrections Officer\*

*\* Killed or died from injuries received while in the performance of duties, including authorized training duty*

\_\_\_\_\_  
Name of Deceased Police Officer, Fire Fighter or Corrections Officer

**If you answered question 5, see section A of the attached procedures. Then complete Questions 7, 8 and 9.**

6. Check Appropriate Line: Child of a:

\_\_\_\_\_ Prisoner of War\*  
\_\_\_\_\_ Military or Service Person missing in action in  
Southeast Asia\*  
\_\_\_\_\_ Veteran killed in action\*  
\_\_\_\_\_ Veteran, death service related\*

*\* Service must be credited to Massachusetts*

\_\_\_\_\_  
Name of Deceased Veteran

**If you answered question 6, see section B of the attached procedures. Then complete Questions 7, 8 and 9.**

7. During the 2018-2019 Academic Year, I will be a:

Freshman \_\_\_\_\_  
Sophomore \_\_\_\_\_  
Junior \_\_\_\_\_  
Senior \_\_\_\_\_

8. During the 2018-2019 Academic Year, I will be attending:

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Fall	2018	Name of College*	City/Town	State	Zip
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Spring	2019	Name of College*	City/Town	State	Zip
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\*must be a college in Massachusetts

9. Expected Month and Year of College Graduation: \_\_\_\_\_

**IT IS YOUR RESPONSIBILITY TO ATTACH ALL NECESSARY DOCUMENTATION. YOU MUST ALSO FILE A 2018-2019 FREE APPLICATION FOR FEDERAL STUDENT ASSISTANCE (FAFSA).**

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Massachusetts Office of Student Financial Assistance  
Public Service Grant Program  
75 Pleasant Street  
Malden, MA 02148  
TEL: 617-391-6073

EMAIL: [aconnolly@dhe.mass.edu](mailto:aconnolly@dhe.mass.edu)