

The Georgia Public Service Memorial Grant (PSMG) provides financial assistance for the cost of attendance at an eligible postsecondary institution to the spouses and children of:

- Public Safety Officers who were killed or permanently disabled in the line of duty
- Public School Employees who were killed or permanently disabled due to an act of violence on a school campus

Who Qualifies?

Public Safety Officers

To qualify, the individual must have been employed, elected, or appointed in Georgia as a:

- Peace Officer
- Firefighter
- Emergency Medical Technician (EMT)
- Paramedic
- HERO Unit Operator (Department of Transportation)
- Prison Guard

Must have been killed or permanently disabled in the line of duty, while performing their job.

Public School Employees

Must have been employed by a Georgia public school and:

- Killed or permanently disabled due to an act of violence that occurred on campus

Permanent Disability is defined as:

- Loss of both eyes or blindness in both eyes; or
- Loss or loss of use in both hands; or
- Loss or loss of use in both legs; or
- Involuntary confinement to a wheelchair; or
- A traumatic brain injury that precludes the ability to function productively in any employment

Award Details

- Maximum per year: Up to \$18,000, based on your school's cost of attendance minus other financial aid
- Maximum lifetime award: \$72,000
- Available for Fall, Winter, Spring, and Summer semesters/quarters

Eligibility Time Limits

- Spouse: Eligible up to 10 years after the qualifying event or until the maximum lifetime award amount is reached
- Child: Eligible up to 10 years after high school graduation or equivalent

Who Can Apply?

To be eligible, the student must:

1. Be enrolled in a credit-earning undergraduate or graduate program at an eligible Georgia college
2. Be a Georgia resident for at least 12 months before classes start
3. Be a U.S. citizen or eligible non-citizen
4. Meet your college's satisfactory academic progress
5. Not be in default on any federal or Georgia student loans
6. Male applicants must meet Selective Service requirements

Selective Service Requirement

If you were assigned male at birth, you must be registered with Selective Service by age 26.

GSFA will verify your status.

More info: www.GAfutures.org

Required Documents:

1. Death Certificate or official documentation of permanent disability
2. For Public Safety Officers: Documentation of the incident occurred in the line of duty with date
3. For Public School Employees: Documentation the incident was due to on-campus act of violence with date

How to Apply

1. Complete Part A of the PSMG Application
2. Send application to your college's Financial Aid Office
3. The Financial Aid Office completes Part B
4. Upload the completed application and required documentation at GAfutures.org
4. GSFA reviews your application and documentation
5. The applicant and your college are emailed with your eligibility status
6. If you transfer colleges, submit a new application through your new college's Financial Aid Office
 - a. Must attend an Eligible Postsecondary Institution
7. Apply each academic year you wish to receive the Georgia Public Service Memorial Grant
 - o Supporting documents are only required the first year you apply

PART A – STUDENT COMPLETE THIS PART			
1.Last Name (Please Print)		First Name	Middle Initial
2. Gender (Assigned at Birth) Male <input type="checkbox"/> Female <input type="checkbox"/>	3. Social Security Number		4. Date of Birth
5. Permanent Mailing Address:		City	State
6.Age	7.U.S. Citizenship Status U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Other <input type="checkbox"/>		8.Email Address (Personal Email)
9.How long have you lived in Georgia? (Years/Months)		10.Public Service Role Public Safety Officer <input type="checkbox"/> Public School Employee <input type="checkbox"/>	
11.Name of Qualifying Officer or Employee _____ Is the person deceased? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide copy of death certificate and cause of death. Is the person disabled? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide documentation based on Permanent Disability for the category.			
12.Relationship to Qualifying Person Child <input type="checkbox"/> Spouse <input type="checkbox"/>		13.High School Graduation/Home Study Completion/HSE Date - Child Only (MM/DD/CCYY)	
STUDENT CERTIFICATION, AUTHORIZATION AND AGREEMENT			
I certify that the information reported above, and on any other document or writing in connection with this application for student financial assistance is or will be true, correct, and complete to the best of my knowledge. I authorize use of the information on this form by the Georgia Student Finance Authority as described in the Instructions. I authorize release and exchange of information between the Georgia Student Finance Authority and educational institutions, state and federal agencies, and private lending institutions from which student financial assistance is sought or obtained by me, and agree that such information exchanged may include financial, enrollment, academic status, legal residency and location information necessary to assure proper administration of student aid programs by state, federal and institutional administrators.			
_____	_____	_____	
Student Signature	Phone Number	Date Signed	
PART B – FINANCIAL AID OFFICER COMPLETE THIS PART			
Check the application for completeness and upload it to GSFA through GAfutures Postsecondary Functions > Document Upload module.			
REQUESTED AWARD AMOUNT			
List the award amount in whole dollars for each term of enrollment. The annual award amount limit is \$18,000 not to exceed the Eligible Postsecondary Institution’s cost of attendance after all other scholarships and grants are applied.			
Summer 2026 _____	Fall 2026 _____	Winter 2027 _____	Spring 2027 _____
Cost of Attendance _____	Amount of Other Financial Aid Received \$ _____		PSI _____
FINANCIAL AID OFFICER CERTIFICATION			
I certify that the information reported above, as well as the following, is true and correct to the best of my knowledge and belief that the student: (1) is or will be a legal resident of Georgia for a minimum of 12 consecutive months immediately prior to the first day of classes of the school term for which funds are sought; (2) is a U.S. citizen or eligible permanent resident alien; (3) is in a matriculated status in a program leading to a degree, diploma, or certificate; (4) is maintaining satisfactory academic progress in accordance with the Title IV standards and practices of the institution; (5) must not be in default on a Federal Title IV or State of Georgia educational loan; and (6) meets Selective Service requirements.			
_____	_____		_____
Authorized Signature	School Official’s Email Address		Date Signed