

Georgia Public Safety Memorial Grant

Program Information

The **Georgia Public Safety Memorial (GPSM) Grant** program provides non-repayable grants to eligible Georgia residents who are dependent children of Georgia Public Safety Officers (law enforcement officer, firefighter, EMT, paramedic, Highway Emergency Response Operator, or prison guard) who were permanently disabled or killed in the line of duty. The amount of the award covers the cost of attendance at any eligible Georgia public or private college or university or public technical college, minus any other financial aid received by the student but not to exceed \$18,000 per Academic Year. The student applicant must be the natural or adopted child of a public safety officer who meets the eligibility requirements of the Georgia Student Finance Authority and the Georgia Board of Public Safety on the date of the accident or event from which death or permanent disability resulted.

The GPSM Grant is payable during the normal academic year, and also during the summer term. Recipients are eligible for a maximum of 8 semesters or 12 quarters of attendance.

Additional Student Eligibility Requirements

1. Must be enrolled or accepted for admission in an eligible Georgia postsecondary institution, as noted above.
2. Must be a legal resident of Georgia, as defined by the Georgia Student Finance Authority (GSFA), for a minimum of 12 consecutive months immediately preceding the date of registration for the school term for which the grant is being sought.
3. Must be a U.S. citizen or classified as an eligible permanent resident alien.
4. Must not be receiving a scholarship or grant from or through any state agency other than Georgia.
5. Must be enrolled as a full-time undergraduate student each school term, carrying a minimum of 12 quarter or semester hours.
6. Must be in a matriculated status in an organized program leading to a degree, diploma, or certificate.
7. Must maintain satisfactory academic progress in accordance with the Title IV standards and practices of the institution.
8. Must not be obligated to pay a refund on a grant or scholarship obtained from or through GSFA.
9. Must not be in default on any student loan obtained from or through GSFA.
10. Must meet Selective Service requirements.

Application Process

1. Complete Part A of this application and forward it to the school you plan to attend. File your application as early as possible, but no later than the last day of registration.
2. The financial aid office at your institution will complete Part B and forward your application to GSFA.
3. After collecting all necessary documentation, GSFA will review the case and make a final determination of eligibility.
4. An award/denial letter will be sent to you and a copy to the school you plan to attend.
5. If you decide to change schools after being awarded, you must submit another application through the financial aid office at the school you now plan to attend.
6. Renewal students must submit a new application each academic year. The documentation process is not repeated.

Selective Service Status

For males (assigned at birth) 18-26, you must meet the Selective Service registration requirement. GSFA will check the student's Selective Service Registration Status. For more information visit www.GAfutures.org.

CONTACT US
Georgia Student Finance Authority
800.505.GFSC
GAfutures.org

WARNING: Any person who intentionally makes or furnishes a false statement or misrepresentation on this form, or on any form or writing hereafter furnished for use in connection with this application, and any person who accepts or uses the same knowing it to be false, for the purpose of enabling the student to establish eligibility for, or to wrongfully receive, state student aid funds, may be subject to fine or imprisonment, or both, under provisions of Georgia law.

PART A. STUDENT: COMPLETE THIS PART (ITEMS 1-16)

1. Last Name (Please Print)		First Name	Middle Initial	2. Gender (Assigned at Birth) A. _____ Male B. _____ Female	
3. Social Security Number		4. Permanent Mailing Address (Number, Street, Apt., P.O. Box, RFD, etc.)			
5. Date of Birth (Mo. / Day/Yr.)		City	State	Zip Code	
6. Age		7. U. S. Citizenship Status A. _____ U.S. Citizen B. _____ Permanent Resident Alien C. _____ Other			
8. Email Address			9. How long have you lived in Georgia immediately preceding the first school term for which you are requesting aid? _____ Years _____ Months		
10. Name of the Georgia Public Safety Officer: _____ Relationship to Officer: _____					
11. Is this person deceased? Yes ___ No ___ If yes, provide copy of death certificate					
12. Is this person disabled? Yes ___ No ___ If yes, provide copy of accident report or event that resulted in the disability.					
13. Have you filed your current Georgia Income Tax Return? A. _____ Yes B. _____ No			14. Indicate the number of hours you plan to enroll for each school term for which aid is requested. _____ Summer 2024 _____ Fall 2024 _____ Winter 2025 _____ Spring 2025		

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

Area Code and Telephone Number

Date Signed

STUDENT: SUBMIT YOUR COMPLETED APPLICATION TO THE SCHOOL FINANCIAL AID OFFICE

PART B. FINANCIAL AID OFFICER: COMPLETE THIS PART

Check the application for completeness and upload the application and promissory note to GSFA through the GAfutures secure Postsecondary Functions Upload Documents module.

REQUESTED AWARD AMOUNT:

List the dollar award amount for each term that is indicated in Part A item #14 of this application. The award amount is the Cost of Attendance, excluding any and all loans minus any other aid the student is receiving, but may not exceed \$18,000 per Award Year.

_____ Summer 2024 _____ Fall 2024 _____ Winter 2025 _____ Spring 2025

Cost of Attendance \$ _____ Amount of Other Financial Aid Received \$ _____ School Name: _____

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 enrolled or accepted for admission as a full-time undergraduate student; (2) has not yet earned a baccalaureate degree; (3) is or will be a legal resident of Georgia for a minimum of 12 consecutive months immediately preceding the date of registration; (4) is a U.S. citizen or eligible permanent resident alien; (5) is not receiving a scholarship or grant from or through any state agency other than Georgia; (6) is in a matriculated status in a program leading to a degree, diploma, or certificate; (7) is maintaining satisfactory academic progress in accordance with the Title IV standards and practices of the institution; (8) is not obligated to repay a grant or scholarship obtained from or through GSFA; (9) is not in default on any student loan obtained from or through GSFA; and (10) meets Selective Service requirements.

Authorized Signature

Federal School Code

School Official's Email Address

Date Signed