



APPLICATION FOR CHILDREN OF PUBLIC SAFETY OFFICER'S (CVO) TUITION REMISSION PROGRAM

State Form 52020 (R5 / 4-10)
State Student Assistance Commission of Indiana



Please note that all students are **required** to file a clean, edit-free **Free Application for Federal Student Aid (FAFSA)** each year at least thirty (30) days prior to the end of the semester. This federal government form can be filed on-line at www.fafsa.ed.gov

This state of Indiana program—the *CVO Program*—provides tuition and fee assistance at public colleges for eligible children and spouses of certain Indiana public safety officers killed in the line of duty. As a supplement to other state financial aid, the grant pays for approved tuition and regularly assessed fees; it does not cover non-tuition fees such as room and board or books. Students who might be covered under the establishing Indiana Codes (IC 10-12-2-11, IC 21-14-6-2 or IC 21-14-6-3) are:

- **(1) Child of Public Safety Officer.** IC 35-47-4.5-3 defines a public safety officer as: a state police officer, a county sheriff or police officer, a correctional officer, an excise police officer, a city police officer, a reserve officer (city or county), a conservation officer, a gaming agent or control officer, a town marshal or deputy town marshal, a state educational institution officer, a probation officer, a publicly employed firefighter, a publicly employed emergency medical technician, a publicly employed paramedic or a member of consolidated law enforcement. For the student to receive this benefit (as defined under IC 21-14-6-2), the public safety officer must have been killed in the line of duty, and must have been a resident of Indiana at the time of death. The student must have been twenty-three (23) years old or younger on the date of the officer's death and the biological or legally adopted dependent child of the covered public safety officer. The student must be full-time and degree-seeking, and may be graduate or undergraduate, although all payment is restricted to undergraduate tuition and fee levels. Since the student qualifying under this sub-program must be degree-seeking, the benefit does not apply to a high school student taking college courses. The benefit is for eight semesters.
- **(2) Spouse of Public Safety Officer.** For the surviving spouse to receive this benefit (as defined in IC 21-14-6-3), the public safety officer must have been killed in the line of duty, and must have been a resident of Indiana at the time of death. The spouse must have been married to the covered public safety officer at the time of death. The student must be degree-seeking, and the benefit is limited to undergraduate study. Since the student qualifying under this sub-program must be degree-seeking, the benefit does not apply to a high school student taking college courses.
- **(3) Child of State Trooper Permanently Disabled.** The state trooper must be an employee beneficiary of the state police (as defined in IC 10-12-2-11). For the student to receive this benefit, the state trooper must have been permanently and totally disabled from a catastrophic injury sustained in the line of duty and unable to work. The student must be twenty-two (22) years old or younger to receive the benefit, the biological or legally adopted dependent child of the covered state trooper, and must be a full-time degree-seeking student. The student may be graduate or undergraduate, although all payment is restricted to undergraduate tuition and fee levels. Since the student qualifying under this sub-program must be degree-seeking, the benefit does not apply to a high school student taking college courses.
- **(4) Spouse of State Trooper Permanently Disabled.** The state trooper must be an employee beneficiary of the state police (as defined in IC 10-12-2-11). For the spouse to receive this benefit, the state trooper must have been permanently and totally disabled from a catastrophic injury sustained in the line of duty and unable to work, and the spouse must have been married to the state trooper at the time of disability. The student must be an undergraduate, degree-seeking student. Since the student qualifying under this sub-program must be degree-seeking, the benefit does not apply to a high school student taking college courses.

Some program restrictions apply and financial assistance may be limited. Both children and spouses must be regularly admitted as in-state students to one of the public colleges listed on page 2 and must maintain satisfactory academic progress (as defined by the college) while receiving the fee remission. Other restrictions might apply.



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The completed application – pages 3 and 4 of this document – and all necessary supporting documentation must be submitted to the State Student Assistance Commission (SSACI) at least thirty (30) days before the start of the college term. Each child (and spouse) must submit a separate application and they must re-apply whenever they change schools or interrupt enrollment for two semesters or more. The approved application will be returned to the applicant. **It must be presented at the financial aid office of the chosen college in order to receive the fee remission benefit.** If the application is not approved, the student will be notified in writing. The application and supporting documentation must be mailed to the following address:

**Children of Public Safety Officer's (CVO) Tuition Remission Program
State Student Assistance Commission of Indiana
Indiana Government Center South
402 West Washington Street, Room W462
Indianapolis, IN 46204**

Telephone: (317) 232-2350 or (888) 528-4719
www.in.gov/ssaci/

Faxed or incomplete documents will not be accepted.

Eligible Indiana Colleges for the CVO Program:

School	Code	School	Code	School	Code
Ball State University	001786	Purdue University West Lafayette	001825	Ivy Tech Kokomo/ Logansport/ Wabash	010041
Indiana State University	001807	Purdue University North Central	001826	Ivy Tech Lafayette/ Crawfordsville	010039
Indiana University Bloomington	001809	Purdue University Calumet	001827	Ivy Tech Madison/ Lawrenceburg	009923
Indiana University East	001811	Indiana University Purdue University Fort Wayne	001828	Ivy Tech Muncie/Anderson/ Marion	009924
Indiana University Purdue University Indianapolis	001813	Ivy Tech Bloomington	035213	Ivy Tech Richmond/ Connersville	010037
Indiana University Purdue University Columbus	E01033	Ivy Tech Columbus	010038	Ivy Tech Sellersburg	010109
Indiana University Kokomo	001814	Ivy Tech Evansville/Tell City	009925	Ivy Tech South Bend/ Warsaw /Elkhart	008423
Indiana University Northwest	001815	Ivy Tech Fort Wayne	009926	Ivy Tech Terre Haute/Greencastle	008547
Indiana University South Bend	001816	Ivy Tech Gary/Valparaiso/East Chicago	010040	University of Southern Indiana	001808
Indiana University Southeast	001817	Ivy Tech Indianapolis	009917	Vincennes University	001843



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* This agency is requesting disclosure of your Social Security Number in accordance with IC 20-12-19.7; disclosure is mandatory and this record cannot be processed without it.

Please complete both sides of this application. This application must be completed in INK.

1. Please check whether you are a **child** or **spouse** of the covered publicly employed safety officer. Check one box only.

Child	Spouse	Covered publicly employed safety officer (Refer to page 1 for more details.)
		A regular, paid law enforcement officer killed in the line of duty (refer to number 1)
		A regular, paid firefighter killed in the line of duty (refer to number 1)
		A volunteer firefighter (as defined in IC 36-8-12-2) killed in the line of duty (refer to number 1)
		A county police reserve officer killed in the line of duty (refer to number 1)
		A city police reserve officer killed in the line of duty (refer to number 1)
		A permanently and totally disabled state police trooper (refer to number 3, 4)
		A paramedic (as defined in IC 16-18-2-266) killed in the line of duty (refer to number 1)
		An emergency medical technician (as defined in IC 16-18-2-112) killed in the line of duty (refer to number 1)
		An advanced emergency medical technician (as defined in IC 16-18-2-112.5) killed in the line of duty (refer to number 1)

Remarried spouses: The children of a remarried surviving spouse, or the spouse herself or himself, are eligible to be considered for the CVO Program. If you are a child whose surviving parent has remarried or an eligible spouse who has remarried, please check here _____. Complete the following table with your current (legal) name.

2. Please complete the following about **yourself (the student applicant)**. Please print.

Name (first, middle initial, last)		E-mail Address
Social Security Number*	Date of Birth (mm/dd/yyyy)	Telephone Number ()
Address (number and street, city, state, and ZIP code)		

Please select from the list on page 2 the college you plan on attending next term.

College Name	College Code	Date of Enrollment (mm/dd/yyyy)
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This section applies to children only.

3. In order to be eligible, you must be the biological child of the covered public safety officer or legally adopted by that covered public safety officer. If legally adopted, it must have been when you were less than twenty-four (24) years of age; not married; had no dependents of your own; and not a veteran of the armed forces. Adoption by the spouse of a covered veteran is not valid for inclusion of a child in the CVO Program. Adoption must be in effect before application for the benefits is submitted.

Please write your initials in the appropriate space:

- a) I am the biological child of the covered public safety officer: _____
- b) I was legally adopted by the covered public safety officer. I have attached a copy of the legal documents indicating when and where I was adopted: _____
- c) I am not the biological child nor was I legally adopted: _____



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4. Please complete the following about the **covered public safety officer** at the time of his or her death, or if a permanently disabled state police trooper, the current information:

First Name	Middle Initial	Last Name
Social Security Number*	Date of Birth (mm/dd/yyyy)	Date of Death or Disability (mm/dd/yyyy)
Address (number and street, city, state, and ZIP code)		
I attest that the covered public safety officer was a public employee and a legal resident of the state of Indiana at the time he or she was killed in the line of duty or that he or she is a permanently and totally disabled Indiana State Police trooper.		
Your signature		Date (mm/dd/yyyy)

Public Safety Officer Employer Information		
Position of Covered Officer	Name of Public Employer	Telephone Number of Employer
Address of Employer (number and street, city, state, and ZIP code)		

Required Attachments:

For Firefighters, Law Enforcement Officers, City and County Reserve Officers, Emergency Medical Technicians, Advanced Emergency Medical Technicians and Paramedics killed in the line of duty:

You must attach to this application two items: (1) a copy of the official death certificate and (2) a letter from the public employer listed above attesting to the information you have supplied (including residency). The letter must be on the official stationery of the public safety department and signed by an appropriate chief officer of the department. The information will be verified through the 1977 Police Officers' and Firefighters' Pension and Disability Fund (PERF), the state Emergency Medical Service Agency (SEMA/EMS), the Indiana State Police (ISP) or other entities as appropriate.

For State Troopers who are permanently and totally disabled:

You must attach to this application a physician's letter that states the trooper has a permanent and total disability. The letter must be on the physician's stationery and signed by the physician.

I attest that the information I have given on this application is true and accurate, that I have attached all necessary documentation, and that I have read and understood the CVO Program requirements and limits.	
Your signature	Date (mm/dd/yyyy)

The application and supporting documentation must be mailed to the following address:

**Children of Public Safety Officer's (CVO) Tuition Remission Program
State Student Assistance Commission of Indiana
Indiana Government Center South
402 West Washington Street, Room W462
Indianapolis, IN 46204**

Incomplete or faxed applications will not be accepted and will be returned.

TO BE COMPLETED BY THE STATE STUDENT ASSISTANCE COMMISSION		
Approved: _____	Incomplete: _____ <i>Please see attached explanation.</i>	Denied: _____ <i>Please see attached explanation.</i>
Printed name	Signature	Date (mm/dd/yyyy)