

Please complete in blue or black ink. Typed/electronic signatures will not be accepted.

Student Financial Services

P 206-281-2061 or 800-737-8826 (toll free)

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SPU.EDU/SFS

2024 - 2025 PELL GRANT UNDER SPECIAL RULE FORM

STUDENT NAME:	SPU ID:
You indicated on your 2024-2025 FAFSA that you make you eligible for Pell Grant under Special Ru	ur parent or guardian died in the line of duty, which may lle.
Please check each box below that applies to y	you:
 2001; OR Actively serving as and performing th office can include law enforcement, fi 	of the Armed Forces on or after September 11, ne duties of a public safety officer (Public Safety irefighter, ambulance, FEMA employees, ense, chaplain, or Others defined in Section
	ior to the award year for which the applicant is a student must be less than 33 years old as of
You must also provide documentation to ce	ertify this information.
Documentation must confirm that your parent of Acceptable documentation may include, but is	
 A copy of the servicemember's DD Form 1300 ((Report of Casualty) which documents death in the line of duty
 A copy of the servicemember's DD Form 214 and death certificate, documenting that the date and cause of death occurred during and as a result of active duty 	
 A Department of Veterans Affairs Death Narrati 	ive Document
 A determination letter acknowledging eligibility to (PSOB) program administered by the Department 	for certain federal benefits under the Public Safety Officers Benefit ent of Justice
	nade by a state or local government official with supervisory or other o died in the line of duty while serving as a public safety officer.
 Documentation of the student qualifying for a st family members of a public safety office 	tate tuition or other state benefit accorded to the children or other
 Other documentation the school determines to be from a credible source that describes or reports the circumstances of the death and the eligible occupation of the parent or guardian 	
By signing this verification statement, I attest that all information reported on this form is true and complete to the best of my knowledge. If asked, I agree to submit documentation supporting the information provided on this form.	
WARNING: If you purposely give false or misleading infor	mation on this worksheet, you may be fined, sentenced to prison, or both.
Signature Date	Phone Email