

Law Enforcement Personnel Dependents Grant Program (LEPD) Application

Section 1: Student Information (Please print or type)

Last Name	First Name	Middle Initial	Social Security Number	
Street Address		City		State
	Zip Code			
Date of Birth	E-mail Address		Telephone Number	

Section 2: Join CSAC's Text Messaging for LEPD Deadline Reminders and Updates

Do you agree to receive text notifications? YES NO

Mobile Number Eligible to Receive Text Notifications	
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By selecting yes above, you agree to receive automated informational messages. This agreement isn't a condition of receiving any CSAC services. Terms and privacy policy can be found at <https://www.csac.ca.gov/post/sms-terms-and-conditions>. Reply STOP to end or HELP for help.

Section 3: School Information (Please print or type)

Academic Year	School of Attendance
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Section 4: Law Enforcement, Fire Fighter, Public Official's Information (Please print or type)

Last Name	First Name	Middle Initial	Social Security Number	
Date of Death or Totally Disabled	Position / Title Held			

Section 5: Additional Documents Required

The following documents must be submitted along with this LEPD application:

1. A copy of the applicant's birth certificate or marriage certificate.

2. The death certificate of the parent/spouse, the coroner's report (if applicable) for a dependent or spouse of:
 - a. California peace and law enforcement officer: documentation (i.e., police report) showing evidence that the death or total disability was caused by external violence or physical force incurred in the line of duty;
 - b. Officers and employees of the California Department of Corrections and Rehabilitation: documentation showing that the death, accident, or injury was caused by the direct action of an inmate;
 - c. California Fire Fighters: documentation showing that the death or total disability was the result of an accident or injury incurred in the performance of duty.
3. If applicable, a copy of the findings of the Worker's Compensation Appeals Board or other evidence that the fatality or disabling accident was compensable under Division 4 or 4.5 (commencing with section 6100) of the Labor Code.

Section 6: Student's Signature of Understanding and Authorization to Release Information

I am not in default on any state or federally insured educational loan and I am free of any obligation to repay any state or federal educational grant.

I declare under penalty of the laws of the State of California and of the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I understand that the penalty for submission of fraudulent or incorrect information on this form may be repayment of the grant amount received with interest and additional penalties under Federal or California State Law.

I am giving school official(s) and the California Student Aid Commission authorization to release and receive information concerning my educational loans and student records between institutions and appropriate public and private agencies as required to determine my continued eligibility for the LEPD Grant Program.

Signature of Applicant

Date

Return the application and required documentation to:

Email: specialized@csac.ca.gov

For more information, please contact the Specialized Programs Unit.

Email: specialized@csac.ca.gov

LEPD Website: <https://www.csac.ca.gov/lepd>

CSAC Website: www.csac.ca.gov

State of California Information Practices Act of 1977 & Use of Your Social Security Number

State as well as federal law protects the individual's right to privacy in information pertaining to oneself. The State of California Information Practices Act of 1977 requires that the following information be provided to applicants for financial aid who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by California Student Aid Commission policy and the policies of the postsecondary institutions to which you are applying for aid. Furnishing information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to themselves. The officials responsible for maintaining the information contained on this form are the Director of the California Student Aid Commission and the financial aid administrators at the institutions to which you are applying for financial aid.

The social security number is used to verify your identity under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Student Aid Commission, The California State University, and the California Community Colleges contained in Title 5, California Administrative Code Section 41201, and authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution.

The California Student Aid Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, sex or handicap in any of their policies, procedures, or practices. Inquiries regarding these equal opportunity policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying for aid.

If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check One)

- Already registered. I am registered to vote at my current residence address.
- Yes. I would like to register to vote. (Please fill out the attached voter registration form.)
- No. I do not want to register to vote.

NOTE: If you do not check a box, you will be considered to have decided not to register to vote at this time. You may take the attached voter registration form to register at your convenience.

Applicant Name

Date

Important Notices

1. Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.
3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 – 11th Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov.

01/13 NVRA Voter Preference