

MASSACHUSETTS PUBLIC SERVICE GRANT PROGRAM APPLICATION

PURPOSE: In recognition of the hardship a family experiences upon the loss of a parent and/or spouse killed or missing in the line of public service duty, Massachusetts General Laws, Chapter 15A, Section 16 authorizes a Public Service Grant Program to provide educational opportunity to the remaining family members.

APPLICATION PROCEDURES

Complete a Public Service Grant Application, and submit the necessary documentation. You must also file the Free Application for Federal Student Aid (FAFSA) or the Massachusetts equivalent.

- A.** For a child or widowed spouse of a Massachusetts Police Officer, Firefighter, or Corrections Officer whose death occurred in the line of duty, **submit a certificate from the Massachusetts Retirement Board along with a copy of your birth certificate and if you are a spouse, a copy of your marriage certificate.**

- B.** For a child of a Prisoner of War, Military or Service person missing in action in Southeast Asia between February 1, 1955 and the termination of the Vietnam campaign, or veteran who was killed in action or who died as a result of such service, submit the following:
 - 1. Copy of your birth certificate.**
 - 2. Copy of Veteran's death certificate.**
 - 3. DD214 Form to show Veteran's service was credited to Massachusetts. You may obtain this form from your local Veteran's Administration Office.**
 - 4. Proof that Veteran's death was service connected. You may obtain this from :**

**The Veteran's Administration Regional Office
J.F. K. Federal Building
100 Cambridge Street
Boston, MA 02203**

FIRST TIME APPLICANTS ONLY

Please complete the application and provide all the supporting documentation that is requested. It is your responsibility to provide all the necessary information. You must also file the Free Application for Federal Student Aid (FAFSA) or the Massachusetts equivalent. The Office of Student Financial Assistance reserves the right to request additional documentation if necessary.

RENEWAL APPLICANTS ONLY

To renew your grant each year, please download the [Massachusetts Public Service Grant Renewal Application](#). You must also file the Free Application for Federal Student Aid (FAFSA) or the Massachusetts equivalent.

Submit the application and all supporting documentation to:

The Massachusetts Office of Student Financial Assistance
Public Service Grant Program
135 Santilli Highway
Everett, MA 02149

Or via email: aconnolly@dhe.mass.edu

DEADLINE IS May 1, 2027

The May 1st deadline applies to new applicants only.

**MASSACHUSETTS PUBLIC SERVICE GRANT PROGRAM
APPLICATION FOR FIRST TIME APPLICANT**

2026-2027 ACADEMIC YEAR

USE THIS APPLICATION ONLY IF YOU ARE A FIRST TIME APPLICANT

1. Applicant Name: _____

2. Permanent Address: _____

3. Social Security #: _____ / _____ / _____ 4. Telephone #: _____

5. Email Address: _____

Check the Appropriate Line(s) in Question 5 or 6 ONLY.
DO NOT ANSWER BOTH 5 and 6

5. Check Appropriate Line: _____ Child of: _____ Widowed Spouse of:

_____ Massachusetts Police Officer*
_____ Massachusetts Fire Fighter*
_____ Massachusetts Corrections Officer*

** Killed or died from injuries received while in the performance of duties, including authorized training duty*

Name of Deceased Police Officer, Fire Fighter or Corrections Officer

If you answered question 5, see section A of the attached procedures. Then complete Questions 7, 8 and 9.

6. Check Appropriate Line: Child of a:

_____ Prisoner of War*
_____ Military or Service Person missing in action in
Southeast Asia*
_____ Veteran killed in action*
_____ Veteran, death service related*

** Service must be credited to Massachusetts*

Name of Deceased Veteran

If you answered question 6, see section B of the attached procedures. Then complete Questions 7, 8 and 9.

7. During the 2026-2027 Academic Year, I will be a:

First Year _____
Sophomore _____
Junior _____
Senior _____

8. During the 2026-2027 Academic Year, I will be attending:

Fall	2026	Name of College*	City/Town	State	Zip
Spring	2027	Name of College*	City/Town	State	Zip

*must be a college in Massachusetts

9. Expected Month and Year of College Graduation: _____

IT IS YOUR RESPONSIBILITY TO ATTACH ALL NECESSARY DOCUMENTATION. YOU MUST ALSO FILE A 2026-2027 FREE APPLICATION FOR FEDERAL STUDENT ASSISTANCE (FAFSA) OR THE MASSACHUSETTS EQUIVLENT.

Applicant Signature Date

Massachusetts Office of Student Financial Assistance
Public Service Grant Program
135 Santilli Highway
Everett, MA 02149
EMAIL: aconnolly@dhe.mass.edu