



The Iraq and Afghanistan Service Grant Application

Student Name: _____

Student ID: _____

Effective with the 2024-25 award year, as part of the FAFSA® Simplification Act, the Special Rule for Pell Grants replaces the Iraq and Afghanistan Service Grant (IASG) and the Children of Fallen Heroes (CFH) Scholarship with new or modified eligibility criteria for a student who is less than 33 years old as of the first of January of the FAFSA® award year and who indicate on the FAFSA that their parent or guardian died in the line of duty. Students will no longer be awarded the Iraq and Afghanistan Service Grants (IASG), or special grants for Children of Fallen Heroes. Rather than receiving one of these awards, approved students will receive a maximum Pell Grant award.

COMPLETE THE FOLLOWING

The Iraq and Afghanistan Service Grant requires the institution's financial aid administrator (FAA) to determine and document, in collaboration with the student, the eligibility criteria. To qualify for the grant, the student must be:

1. Less than 33 years old as of January 1 prior to the year for which the applicant is applying (e.g., for the 2025–25 award year, a student must be less than 33 years old as of January 1, 2025, to be eligible)

Date of Birth: / / Was the student less than 33 years old as of 1/1/2025 ☐ Yes ☐ No

2. The child of a parent or guardian who died in the line of duty while serving on active duty as a member of the Armed Forces on or after September 11, 2001

Date of Parent/Guardian's Death: / /

CHECK AT LEAST ONE OF THE OPTIONS BELOW AND ATTACH APPLICABLE DOCUMENT(S) TO APPLICATION

- ☐ 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 documenting that the date and cause of death occurred during and as a result of active duty.;
 - ☐ A copy of a Department of Veterans Affairs Death Narrative Document.
 - ☐ Other documentation from a credible source that describes or reports the circumstances of the death and the occupation of the parent or guardian.
- ☐ I submitted proof of eligibility in a prior year and remain eligible this year.

I certify that the above information and attached documents are true and correct, and that I qualify for this.

Date: _____

Student signature: _____

Submit this application to Carroll College Office of Financial Aid 1061 N Benton Ave, Helena MT 59625.800-992-3648 Ext. 5425,

Email fao@carroll.edu, Fax 406-447-5187 **FACXXIASG**