



2023-2024 Alan Pattee Scholarship Act Certification Form

Student UCM ID _____

Student Full Name _____
First Name Last Name M.I.

In 1970, Assembly Bill 338, or the Alan Pattee Scholarship Act, was passed by the California Legislature. Under this act, an eligible University of California student who is a surviving spouse or surviving child of a deceased person who meets all of the eligibility requirements may be eligible for an exemption towards mandatory system-wide tuition and fees and mandatory campus-based fees. You can find the eligibility requirements at financialaid.ucmerced.edu/scholarships.

Section A: Confirm Enrollment

Please select the term that you're currently enrolled in.

- Fall 2023 Spring 2024 Summer 2024

Section B: Confirm Eligibility

- Yes**, my parent/guardian or spouse was a California Resident who passed away in the line of duty while performing as a public safety officer. *Complete all sections and submit this form.*
- No**, my parent/guardian or spouse was not a California Resident who passed away in the line of duty while performing as a public safety officer. *Skip to Section D and submit this form.*

Section C: Submit Eligibility Documentation

In order for our office to confirm your eligibility for this fee waiver, in addition to this form, you will need to provide documentation to our office. Please confirm the documentation that you will submit with this form below.

In addition to this form, I will submit a copy of the deceased's death certificate and at least one of the following documents:

- A written letter of determination made by a state or local government official with supervisory or other relevant oversight authority of the individual who passed away in the line of duty while serving as a public safety officer
- Other third-party documentation that describes or reports the occupation and circumstances of the passing of the parent or guardian

Section D: Student Certification

I hereby declare that all information reported on this document is true, complete, and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid and referral to the appropriate authorities.

Student Signature Date

We cannot accept a typed signature. Please sign this form with a drawn signature.