



TUITION REDUCTION FOR CHILDREN AND SURVIVING SPOUSES OF LAW ENFORCEMENT OFFICERS, FIRE FIGHTERS AND HIGHWAY WORKERS

Student Name (print): \_\_\_\_\_ Student ID #: \_\_\_\_\_

Degree (BA, BS): \_\_\_\_\_ Major: \_\_\_\_\_

Quarter/year:  Summer  Autumn  Winter  Spring Year: \_\_\_\_\_

(Tuition waiver applications cannot be approved retroactively and must be received prior to the finals week of the quarter in which you are applying.)

I certify I have read and meet the eligibility requirements and conditions listed below.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ELIGIBILITY: You are eligible to pay reduced tuition and fees if you are the child or surviving spouse of a law enforcement officer, fire fighter, or highway worker who lost his or her life or became totally disabled in the line of duty while employed by any public law enforcement agency, fire department, or transportation agency in the state of Washington.

CONDITIONS: Children must begin course of study at a state university within ten (10) years of graduation from high school. The reduction reduces resident tuition only. Your qualifying parent/spouse must have been employed in Washington State at the time of death or disability. The waiver is awarded only to undergraduate students pursuing their first bachelor's degree, to a maximum of 225 college-level credits, including credits transferred from other institutions of higher education. For additional information, please refer to the Washington Administrative Code (WAC), section 478-160-163 and RCW 28B.15.380.

PROCEDURES: Complete the section below and attach a copy of your birth certificate/marriage certificate, proof of your parent's/spouse's death or total disability in the line of duty, and, if applicable, a copy of your parent's/spouse's most recent federal tax with all W-2s return verifying no income for the qualifying parent.

STATEMENT OF TOTAL DISABILITY OR DEATH

\_\_\_\_\_, the parent or spouse of \_\_\_\_\_ who is a student at the University of Washington, became either totally disabled or deceased (circle one) in the line of duty while employed by:

- a) \_\_\_\_\_, a public law enforcement agency in the State of Washington, or
b) \_\_\_\_\_, a fire department in the State of Washington, or
c) \_\_\_\_\_, a transportation agency in the State of Washington

Continue below if parent/spouse is disabled

As defined in RCW 28B.15.385, due to my total disability, I am unable to perform any occupation or to be gainfully employed. I am not employed at present, nor do I expect to be employed in the near future. Attached are my income tax returns and all W-2 forms used in preparing my income tax statement for last year.

I hereby certify that I make this statement truthfully, subject to the penalties of perjury under the laws of the State of Washington.

Printed Name of Parent/Spouse

Signature of Parent/Spouse