

2019-2020

Police/Firefighter Tuition Waiver Request

Office of Financial Aid
121 East Second Street
Morehead, KY 40351
Phone 1-800-585-6781
Fax: 606-783-2293
Email: finaid@moreheadstate.edu



KRS 164.2841 Must be the child or non-remarried spouse of a person who was a Kentucky resident on becoming a law enforcement officer, firefighter or volunteer firefighter and who was killed in the line of duty or died from a service- connected disability. Proof of relationship to the deceased and the circumstances of the death must be provided in writing by official documentation in order to process this waiver. Full tuition.

KRS 164.2842 Must be the child (over age 17 and under age 23) or non-remarried spouse of a person who was a Kentucky resident on becoming a law enforcement officer, firefighter or volunteer firefighter and who was permanently and totally disabled in the line of duty. Must provide official proof of relationship and official documentation of the qualifying disability in order for this waiver to be processed. Full tuition for up to 36 months.

STUDENT'S INFORMATION

Name _____ MSU ID # _____

Permanent Address _____ City _____ State _____ Zip _____

Date of Birth _____ Phone _____

E-mail _____

Have you previously used the Police/Firefighter tuition waiver? Yes No

Did you receive the tuition waiver at another institution? _____
Name of institution _____

POLICE OFFICER AND FIREFIGHTER INFORMATION

Name _____ Relationship to student _____

Please list the following information regarding the employer where police officer or firefighter became disabled or deceased:

Employer Address _____ City _____

State _____ Zip _____ Phone _____

AUTHORIZATION DISCLOSURE

I authorize the Morehead State University Financial Aid Office to verify the above information in order to process this tuition waiver request. This waiver cannot be used concurrently with any other tuition waivers, which includes but not limited to institutional awards, scholarships and other state mandated, University funded waivers. I hereby state that all information provided is accurate and understand that knowingly providing incorrect information will void this waiver and all future use of the waiver at Morehead State University.

Student Signature

Date

OFFICE USE ONLY

Documentation received:

_____ Birth Certificate _____ SSN Card _____ Documentation of duty related to death/disability

Verified by: _____ Date: _____

_____ Eligible _____ Ineligible