

# Western Kentucky University

## Police Officers and Firefighters Tuition Waiver Application

**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.

### Applicant Information

**Name:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_ **WKU ID:** \_\_\_\_\_  
**Permanent Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Applicant Date of Birth:** \_\_\_\_\_  
**Provide School Details if Waiver Previously Used:** \_\_\_\_\_

### Police Officer and Firefighter Information

**Applicant's relationship to the deceased / disabled:** \_\_\_\_\_  
**Name, address and phone number of employer of deceased/disabled family member at time of death/disability:**  
\_\_\_\_\_  
\_\_\_\_\_

### Authorization Disclosure

I authorize the WKU Veterans Affairs Office to verify the above information in order to process this waiver. 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 the knowingly providing incorrect information will void this waiver and all future use of the waiver at Western Kentucky University.

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

### OFFICE USE ONLY:

**Verifier:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Birth Certificate** \_\_\_\_\_ **Social Security Card** \_\_\_\_\_ **Documentation of duty related death/disability**

\_\_\_\_\_ **Eligible** \_\_\_\_\_ **Ineligible**