

## Firefighter/EMS/Peace Officer Survivor Tuition Waiver Application

ND Century Code §§ 15-10-18.4 and 15-10-18.5 and SBHE Policy 820 authorize tuition and fees be waived in North Dakota institutions of higher education for a survivor of a ND firefighter, emergency medical services personnel or peace officer who dies as a direct result of injuries received while engaged in the performance of official duties under circumstances dangerous to human life. Educational benefits are allowed for a bachelor's degree or certificate of completion. The benefits are available for a forty-five-month or ten-semester period.

### Definitions:

- "Firefighter" means a person who is a member of a paid or volunteer ND fire department that is a part of, or administered by, this state, any political subdivision of this state, or a rural fire protection district.
- "Emergency medical services personnel" means any person who is a member of a paid or volunteer ND medical facility or ambulance service, in an emergency medical services capacity. The abbreviation "EMS" refers to these personnel.
- "Peace officer" means any person who is employed by a ND state law enforcement agency or a political subdivision of ND who is charged with the prevention and detection of crime and the enforcement of the criminal laws of the state, and who has full power of arrest.
- "Survivor" means the children under the age of twenty-one and the spouse of a firefighter or peace officer at the time of the firefighter's or peace officer's death.

### Waiver Requirements:

- Apply, qualify and be admitted in a program of study leading to an undergraduate certificate or degree at NDSU.
- Provide satisfactory evidence that the police officer, emergency medical services personnel or firefighter meets the required definition and died as a direct result of injuries received while engaged in the performance of official duties under circumstances dangerous to human life.
- Provide satisfactory evidence that the applicant is an eligible child or surviving spouse.
- Collaborative students: If enrolling at NDSU as a collaborative student with the degree/certificate being earned at another North Dakota University System institution, the waiver must be approved at the other institution in order to also be received at NDSU.

### Waiver Benefits/Limitations:

- All tuition and fees, including mandatory fees, course fees and program fees will be waived.
- The waiver is available for forty-five months or ten semesters within all North Dakota University System institutions. The summer term is considered within this calculation.
- Each enrolled semester the waiver is used is counted. If the student withdraws after the 100% refund point of the semester, the waiver will still be applied, and the semester will be counted as used. Tuition reduced due to a withdrawal or drop will not be refunded to the student. If the student is enrolled below full time and the waiver is requested the semester is also counted toward the ten allowed semesters.
- The waiver is not available to semesters completed prior to receipt of the application.
- The waiver is only eligible for semesters when working towards an undergraduate degree or certificate.

**Instructions:** Complete and return the following applicant information and requested documentation as disclosed on page 2 of this Application for Tuition Waiver, prior to the due date of the first term requested. Type or print all information clearly and carefully review your application before submission to ensure all information has been provided. Keep a copy of this application for your files and submit the original application to:

NDSU Customer Account Services  
302 Ceres Hall | NDSU Dept 3110 | PO Box 6050 | Fargo ND 58108-6050.  
Fax: 701-231-9541 | Email: [nds.customer.account@nds.edu](mailto:nds.customer.account@nds.edu)

**Subsequent Semesters:** Notify NDSU Customer Account Services of your intent to utilize the waiver by the due date of each semester.

**Firefighter/Emergency Medical Services Personnel/Peace Officer Survivor Tuition Waiver**

|  |                      |                     |
|--|----------------------|---------------------|
| <b>Student Information:</b> _____  |                      | Student ID #: _____ |
| Name: _____  |                      |                     |
| Last,  | First,               | Middle Initial      |
| Address: _____   |                      |                     |
| City   | State                | Zip Code            |
| Telephone # _____  | Email Address: _____ |                     |
| Relationship (Please check the applicable box):  |                      |                     |
| <input type="checkbox"/> Spouse (I certify that I was married at time of death.)                             |                      |                     |
| <input type="checkbox"/> Dependent (I certify that I was a dependent under the age of 21 the time of death.) |                      |                     |
| List previous North Dakota University System institutions attended and dates attended:                       |                      |                     |
| _____  |                      |                     |

|   |        |                |
|---|--------|----------------|
| <b>Deceased Firefighter/Emergency Medical Services Personnel/Peace Officer Information:</b> |        |                |
| Name: _____   |        |                |
| Last,   | First, | Middle Initial |
| Employer: _____   |        |                |
| Employer Address: _____   |        |                |
| City  | State  | Zip Code       |
| Employer Telephone # _____  |        |                |
| Cause of death (Please provide a brief explanation): _____                                  |        |                |
| _____   |        |                |

**Please attach copies of the following items:**

- Marriage License/Certificate. If you are the surviving spouse, include a **copy** of your marriage license/certificate that indicates the date and location of your marriage.
- Birth Certificate/Adoption Papers. If you are the dependent, include a copy of your birth certificate or a copy of your adoption papers that shows your parents' names.
- Death certificate.

***I hereby certify that I have read the first page to this application for Tuition Waiver. I also certify to the best of my knowledge the information on this application is true.***

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

|                           |                               |                                 |
|---------------------------|-------------------------------|---------------------------------|
| <b>For NDSU Use Only:</b> | Date received _____           | Yes / No Documentation Complete |
| Approved / Denied         | Financial Aid Notified: _____ | Date Notified Student: _____    |
| Comments _____            |                               |                                 |
| Approved Signature _____  | Date _____                    |                                 |