

Firefighter/EMS/Peace Officer Survivor Tuition Waiver Application

If you have any questions about this form, please contact BSC Student Finance at 701-224-2451 or BSC.Studentfinance@bismarckstate.edu

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.

Definition:

- "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 BSC.
- 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.
- Student must be in good standing, academically and financially.
- Provide satisfactory evidence that the applicant is an eligible child or surviving spouse.
- Collaborative students: If enrolling at BSC 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 BSC.

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 11 North Dakota University System institutions. The summer term is considered within this calculation if you choose to use a waiver during a summer term.
- 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 first day of class in the term you are requesting to use waiver. 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:

Address: Bismarck State College
Student Finance
1st Floor Schafer Hall
PO Box 5587
Bismarck, ND 58506

Email: BSC.Studentfinance@bismarckstate.edu

Phone: 701-224-2451

Subsequent Semesters:

The waiver will automatically be applied to all continuously enrolled semesters (excluding summer semester) while eligibility is maintained. Please notify BSC's Student Finance representative if you do not intend to utilize the waiver during a specific semester. If you intend to utilize the waiver during a summer semester you must fill out the survivors summer waiver request form. Students who do not remain continuously enrolled (excluding summer semesters) must complete a new Survivors Waiver Application upon re-enrollment at BSC.

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An asterisk (*) denotes required fields.

STUDENT INFORMATION			
*Student Name <input style="width: 90%;" type="text"/>	*Student ID <input style="width: 100%;" type="text"/>		
*Phone <input style="width: 200px;" type="text"/>	*Student Email <input style="width: 300px;" type="text"/>		
*Address <input style="width: 400px;" type="text"/>		*City <input style="width: 100px;" type="text"/>	
*State <input style="width: 30px;" type="text"/>	*Zip Code <input style="width: 80px;" type="text"/>	*Effective Term	<input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer
*Relationship <input type="radio"/> Spouse (I certify that I was married at time of death) <input type="radio"/> Dependent (I certify that I was a dependent under the age of 21 at time of death)			
List previous North Dakota University System institutions attended and dates attended:			
Institution	Start Month/Year	End Month//Year	
<input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
<input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
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<input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	

DECEASED FIREFIGHTER/EMERGENCY MEDICAL SERVICES PERSONNEL/PEACE OFFICER INFORMATION			
*Last Name <input style="width: 90%;" type="text"/>	*First Name <input style="width: 90%;" type="text"/>	M.I. <input style="width: 40px;" type="text"/>	
*Employer <input style="width: 400px;" type="text"/>			
*Employer Address <input style="width: 200px;" type="text"/>		*Employer Phone # <input style="width: 150px;" type="text"/>	
*Cause of death (please provide brief explanation):			
*Please attach copies of the following items:			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> Death certificate. This must show the deceased died as a result of injuries received while engaged in the performance of official duties under circumstances dangerous to human life while employed within North Dakota per ND Century Code 15-10-18.4.			

STUDENT ACKNOWLEDGEMENT
<input style="width: 40px; height: 20px;" type="text"/> *I hereby certify that I have read the first pages to this application for Tuition Waiver. I also certify to the best of my knowledge the information on this application is true.
<small>Student's Initials</small>



If above button does not work, you can email a copy of the waiver application along with all required documents to BSC.Studentfinance@bismarckstate.edu