

Washington State University

LEOFF 100% Tuition Waiver Application

Dependents of Totally Disabled or Deceased Law Enforcement Officers or Fire Fighters -GRADUATE/PROFESSIONAL DEGREE-

Eligibility: Spouse, domestic partner or child of any law enforcement officer or fire fighter who lost his or her life or became totally disabled in the line of duty while employed by a public law enforcement agency or full time or volunteer fire department in this state. The phrase "totally disabled" means a person who is prevented from performing any occupation or gainful pursuit (RCW 28B.15.380).

Qualifying Criteria: Children must begin course of study at a state-supported institution within ten years of graduation from high school. The value of the waiver is based on the cost of resident regular graduate tuition and not on the higher tier tuition rates charged for programs such as Nursing, PharmD and Vet Med.

Procedures: Please complete the application section below. Provide a copy of your sponsor's letter from the Washington state retirement authority indicating total disability or death. Provide a copy of your Birth Certificate (child) or your Marriage Certificate (spouse) or your State Registered Domestic Partnership (domestic partner), as applicable.

Information: Office of the Registrar, Veterans Affairs, PO Box 641035, Pullman, WA 99164-1035, (509)-335-1234, Fax: (509)-335-7823, Email: veterans@wsu.edu.

APPLICATION SECTION

This waiver cannot be used for Summer Session, Winter Session, WSU Intersession or Self-sustaining programs. Deadline for submission: No later than the last day of instruction of the semester to which the waiver is to be applied. Waivers submitted after the last day of instruction of the semester will not be granted retroactively, but will be applied to future semesters

_____ Pullman/Spokane _____ Online _____ Tri-Cities _____ Vancouver

For what semester/year are you applying? _____

Name: _____ WSU Student ID: _____

Address: _____

Phone: _____ Email: _____

I certify that I meet the eligibility requirements and qualifying criteria listed above.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

WA Retirement Authority		Dependency Status	
10 years from HS Grad			