

## Survivors of ND Firefighters, Emergency Medical Service Personnel, Peace Officers Tuition Waiver

ND Century code states that survivors of "Firefighters", "Emergency Medical Service Personnel" or "Peace Officers" of ND who lost their lives in the line of duty in North Dakota and who meet the definition of "dependent" are entitled to receive a 100% tuition/fee waiver. \*

| ======То                                                                                                                                                                                               | be completed by studer                                                                                                                                                                                                                                                                       | nt=========                                                          |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|--|--|--|--|
| Student Name                                                                                                                                                                                           | Student birthdate                                                                                                                                                                                                                                                                            | Student ID                                                           |  |  |  |  |  |
| The following documentation must                                                                                                                                                                       | be submitted before de                                                                                                                                                                                                                                                                       | termination of eligibility:                                          |  |  |  |  |  |
| peace officer died as a result official duties under circumst                                                                                                                                          | Documentation showing the firefighter, emergency medical services personnel, or peace officer died as a result of injuries received while engaged in the performance of official duties under circumstances dangerous to human life while employed within ND per ND Century Code 15-10-18.5. |                                                                      |  |  |  |  |  |
| <ul> <li>Dependent or spouse. Provide a copy of the death certificate.</li> </ul>                                                                                                                      |                                                                                                                                                                                                                                                                                              |                                                                      |  |  |  |  |  |
| 2. Documentation verifying the                                                                                                                                                                         | 2. Documentation verifying the student relationship to the deceased.                                                                                                                                                                                                                         |                                                                      |  |  |  |  |  |
| (Please circle the applicable s                                                                                                                                                                        | (Please circle the applicable statement and provide the documentation below.)                                                                                                                                                                                                                |                                                                      |  |  |  |  |  |
|                                                                                                                                                                                                        | names. (I certify that I w                                                                                                                                                                                                                                                                   | th Certificate/Adoption papers that was a dependent under the age of |  |  |  |  |  |
| <ul> <li>Surviving spouse. Provide copies of your marriage license/certificate<br/>indicating the date and location of your marriage. (I certify that we<br/>married at the time of death.)</li> </ul> |                                                                                                                                                                                                                                                                                              |                                                                      |  |  |  |  |  |
| <b>Deceased Firefighter/Emergency M</b> Name:                                                                                                                                                          |                                                                                                                                                                                                                                                                                              | el/Peace Officer Information:                                        |  |  |  |  |  |
| Last                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                              | liddle Initial                                                       |  |  |  |  |  |
| Department/Unit/District Serving on                                                                                                                                                                    | at the time of death:                                                                                                                                                                                                                                                                        |                                                                      |  |  |  |  |  |
| Have you attended college at any N                                                                                                                                                                     | orth Dakota University S                                                                                                                                                                                                                                                                     | System Institutions?                                                 |  |  |  |  |  |
| BSC, DCB, DSU, LRSC, MASU, MISU, I                                                                                                                                                                     | NDCSC, NDSU, VCSU, UN                                                                                                                                                                                                                                                                        | D or WSC                                                             |  |  |  |  |  |

## If yes, please complete the chart below with each term the waiver was used listed:

|   | NDUS Institution | Term/Year |    | NDUS Institution | Term/Year |
|---|------------------|-----------|----|------------------|-----------|
| 1 |                  |           | 6  |                  |           |
| 2 |                  |           | 7  |                  |           |
| 3 |                  |           | 8  |                  |           |
| 4 |                  |           | 9  |                  |           |
| 5 |                  |           | 10 |                  |           |

I hereby certify that I have read the application for Tuition Waiver. I also certify to the best of my knowledge the information on this application is true. I will notify DCB if I do not want this waiver applied to future terms.

| Student Signature | Date |
|-------------------|------|
|                   |      |
|                   |      |

Mail to: DCB Student Records, 105 Simrall Blvd., Bottineau ND 58318 or fax to 701-228-5499 or email to DCB.registrar@dakotacollege.edu.

## Definitions:

- "Firefighter" means a person who is a member of a paid or volunteer 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 state law enforcement agency or a political subdivision of the state 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.
- "Stepchild" means a child of the decedent's spouse or predeceased spouse, and not of the decedent.
- "Survivor" means, at the time of the firefighter's or peace officer's death, the firefighter's or peace officer's biological or adopted child under the age of twenty-one, stepchild under the age of twenty-one, and spouse.

## \*Limitations:

- Student must be accepted for enrollment into an undergraduate or certificate program.
- The waiver is eligible for semesters when working towards the declared degree or certificate.
- 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.
- Each enrolled semester the waiver is applied to a student account 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.

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- The waiver is not available to semesters completed prior to receipt of the application.
- Eligibility will be based on current ND Century Code

https://www.legis.nd.gov/cencode/t15c10.pdf