LEOFF 100% Tuition Waiver Application
Dependents of Totally Disabled or Deceased Law Enforcement Officers or Fire Fighters
-UNDERGRADUATE DEGREE-

Deadline for Submission: No later than the first day of instruction for the quarter in which you will begin attending Central Washington University. Waivers submitted after the first day of instruction of the quarter will not be granted retroactively, but will be applied to future quarters.

Eligibility: Spouse, domestic partner or the 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.

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 Partnership (domestic partner), as applicable. A Financial Aid Application (FAFSA) must be completed for each academic year and for summer quarter if taking summer courses.

Contact Information: Central Washington University Veterans Center Office, 400 East University Way, Ellensburg, WA 98926-7466, 509-963-3028, Fax: (509) 963-3041, Email: va@cwu.edu.

APPLICATION SECTION

Student ID: ____________________ Campus: ____________________ What quarter are you applying for: ____________________

Name: __________________________________________________________________________________________________________________

Address: _____________________________________________________________________________________________________________

Phone: ____________________ CWU Email: _______________________________________________________________________________

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

Signature: ____________________ Date: ____________________

FOR OFFICE USE ONLY

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<thead>
<tr>
<th>WA Retirement Authority</th>
<th>Dependency Status</th>
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<tbody>
<tr>
<td>10 years from HS Grad</td>
<td>Notified Financial Aid</td>
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