TUITION BENEFITS FOR FAMILY MEMBERS OF DECEASED OR DISABLED EMERGENCY WORKERS

Under North Carolina General Statutes Section 115B-1 et seq., certain family members of deceased or disabled emergency workers may be eligible for a limited waiver of tuition. Copies of the applicable law and implementing regulations are in the Residency Determination Service (RDS) Guidebook and online at ncresidency.org. To be eligible for consideration of tuition waiver, an applicant must provide information and proof that he or she qualifies for this benefit. In addition, any applicant for this benefit must be admitted to or enrolled in this institution.

STEP 1: APPLICANT INFORMATION

Student Full Name: ____________________________________________________________________

Email Address: ________________________________________________________________________

Date of Birth: ___/_____/____ Place of Birth: ________________________________

Street Address: ______________________________________________________________________

City:______________________________ State: ________ Zip: ______________

Since: ___/___/___

What is your relationship to the emergency worker?
   ☐ Child: Attach a copy of your birth certificate or legal adoption papers.
   ☐ Spouse: Attach a copy of your marriage certificate.

Have you qualified for this waiver at any other North Carolina State institution of higher education, community college, industrial education center, or technical institute? ☐ Yes ☐ No

If yes, name of institution: ______________________________________________

Date qualified: ___/_____/____

STEP 2: INFORMATION ABOUT EMERGENCY WORKER THROUGH WHOM YOU CLAIM WAIVER

Full name of emergency worker: _________________________________________________

Type of emergency worker (check one):

☐ Firefighter ☐ Law Enforcement Officer ☐ Volunteer Firefighter ☐ Rescue Squad
By which North Carolina department, agency, institution, or political subdivision was he or she employed as an emergency worker? __________________________________________________________

Was he or she a legal resident of North Carolina at the time of active service/training? □ Yes □ No

Emergency worker’s permanent address at the time of active service/training (street, city, state):

Street Address: _______________________________________________________________________

City: ___________________________ State: ________ Zip: ________________

If applicable, on what date did the emergency worker become permanently and totally disabled? ___/___/____

Was the disabling injury incurred in the line of duty while he or she was in active service or training for active service? □ Yes □ No

   If yes, attach certification of permanent and total disability from the appropriate city or county law enforcement agency or fire department or fire protection district that employed the disabled emergency worker.

If applicable, what was the emergency worker’s date of death? ____/____/____

Did his or her death, or the disabling injury that caused his or her death, occur in the line of duty while he or she was in active service or training for active service? □ Yes □ No

Attach evidence of the cause of death in the form of a certification of death from the records of one of the following:
   - Department of State Treasurer
   - The appropriate city or county law enforcement agency that employed the deceased
   - The administrative agency for the fire department or fire protection district funded under the Department of State Auditor
   - The administrative agency having jurisdiction over any paid firefighters of all counties and cities.

If you are the surviving spouse of the deceased emergency worker, have you remarried? □ Yes □ No
I certify that all the information I have provided is true to the best of my knowledge. I understand that knowing falsification of this application may result in revocation of my admission and/or a violation under the institution’s Code of Student Responsibility.

I also understand that my eligibility to receive the UNC employee in-state tuition benefit continues only so long as the requirements set forth in N.C.G.S 116-143.1(m), and any other applicable provisions of state and federal law continue to be met. My eligibility may be reviewed by the University at any time.

Finally, I understand that I must advise the University of any change in the facts or circumstances that may impact my resident status. If, at any time, it is discovered that my resident status was obtained using false or fraudulently submitted information, the University shall have the right to seek and collect payment of full, out-of-state tuition for the applicable semester(s), along with any fees and costs associated with such collection.

____________________________________________
Parent or Guardian Name (if student is under the age of 18)

________________________________    _____________________
Student Name Date

Submit your form and supporting documents in ONE of the following ways:

In Person:
Residency Compliance Manager
The University of North Carolina at Charlotte
9201 University City Blvd. – McEniry 113
Charlotte, NC 28223-0001

By Fax: (704)-687-1665