

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

APPLICATION FOR TUITION WAIVER FOR FAMILY MEMBERS OF  
DECEASED OR DISABLED EMERGENCY WORKERS

INSTRUCTIONS

*Effective October 1, 1997, under North Carolina General Statutes Section 115B-1 et seq., certain family members of emergency workers killed or permanently and totally disabled in the line of duty may become eligible for tuition-free enrollment. The statute sets out the following requirements that must be met before the waiver can be obtained:*

- The deceased or disabled emergency worker (firefighter, volunteer firefighter, law enforcement officer, or rescue squad member) must have been a North Carolina legal resident, in active service or training for active service at the time of death or disability occurring in the line of duty.
- The emergency worker's death or disability must have occurred on or after **October 1, 1997**.
- The emergency worker must have been employed by the State of North Carolina or any of its departments, agencies, or institutions, OR by a county, city, town or other political subdivision of the State of North Carolina.
- The applicant for the tuition waiver must be either a child or unremarried widow or widower of a deceased emergency worker killed in the line of duty, OR a spouse or a child (at least age 17, but not yet 23) of an emergency worker who became permanently and totally disabled as a result of a traumatic injury sustained in the line of duty as an emergency worker.
- The applicant for the tuition waiver must qualify academically for admission to UNC-CH, must meet all requirements of the statute and implementing University regulations, and there must be space available in the course(s) for which he or she intends to register.
- The completed application, **with all supporting documents**, must be submitted to the proper admissions office **no later than the first day of classes of the term for which the waiver is sought**.

Copies of the applicable law and implementing University regulations are available for inspection upon request in all UNC-CH admissions offices as well as campus libraries and the Residence Status Committee Office.

DOCUMENTS REQUIRED AS PROOF OF ELIGIBILITY FOR WAIVER

- A. To prove permanent and total disability of an emergency worker: Documentation of the permanent and total disability from the North Carolina Industrial Commission
- B. To prove cause of death of an emergency worker: Certification of the cause of death from
  1. the Department of State Treasurer; or
  2. the appropriate city or county law enforcement agency that employed the deceased; or
  3. the administrative agency for the fire department or fire protection district funded under the Department of State Auditor; or
  4. the administrative agency having jurisdiction over any paid firefighters of all counties and cities
- C. To prove the parent/child relationship: applicant's birth certificate or legal adoption papers
- D. To prove the marital relationship: applicant's marriage certificate

**Please remove this page when submitting application**

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

APPLICATION FOR TUITION WAIVER FOR FAMILY MEMBERS OF DECEASED OR DISABLED EMERGENCY WORKERS

- **Complete**, sign, and date this application. If you are under age 18, your parent must also sign this form.
- **Attach** all documents required for proof of your eligibility for the waiver (see attached instructions)
- **Submit** this application with all required attachments to your admissions office no later than the first day of classes for the term for which you seek the tuition waiver.

Copies of the applicable law and implementing University regulations are available for inspection upon request in all UNC-CH admissions offices, as well as campus libraries and the Residence Status Committee Office.

Section One: Applicant Information

1. Name (Mr., Mrs., Miss, Ms.) \_\_\_\_\_  
Last First MI
2. Date of Birth \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Personal ID # (PID) \_\_\_\_\_  
( SS #, if above not known)
3. Current Mailing Address \_\_\_\_\_

4. Permanent Home Street Address \_\_\_\_\_

5. Waiver to begin for what term? (Circle) Fall, 19\_\_ Spring, 19\_\_ 1stSS, 19\_\_ 2ndSS, 19\_\_

6. Your relationship to the emergency worker (circle) Child Spouse

*If you circled "Child," attach copy of your birth certificate or legal adoption papers.  
If you circled "Spouse," attach copy of marriage certificate.*

7. 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 \_\_\_\_\_

Section Two: Information About Emergency Worker Through Whom You Claim Waiver

8. Name of the emergency worker (Mr., Mrs. Miss, Ms) \_\_\_\_\_

9. Type of emergency work (circle one) Firefighter Volunteer Firefighter  
Law Enforcement Officer Rescue Squad Member

10. By whom was he/she employed as an emergency worker (name of NC department, agency, institution, or political subdivision)? \_\_\_\_\_

11. Was he/she a North Carolina legal resident at the time of active service/ training? \_\_\_\_ Yes No \_\_\_\_  
Permanent Address at the Time of Active Service/Training \_\_\_\_\_

Section Three: Complete if You are Claiming the Waiver as the Spouse or Child of a

**Permanently and Totally Disabled Emergency Worker**

12. Date the emergency worker became permanently and totally disabled: \_\_\_\_\_

*Attach documentation of permanent and total disability from the North Carolina Industrial Commission*

13. Was the disabling injury incurred in the line of duty while he/she was in active service or training for active service? \_\_\_\_\_ Yes No \_\_\_\_\_

**Section Four: Complete if You are Claiming the Waiver as the Spouse or Child of a Deceased Emergency Worker**

14. Date of death: \_\_\_\_\_

15. Did his/her death, or the disabling injury that caused his/her death, occur in the line of duty while he/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:*

*(1) the Department of State Treasurer; or (2) the appropriate city or county law enforcement agency that employed the deceased; or (3) the administrative agency for the fire department or fire protection district funded under the Department of State Auditor; or (4) the administrative agency having jurisdiction over any paid firefighters of all counties and cities.*

16. If you are the surviving spouse of the deceased emergency worker, have you remarried? \_\_\_\_\_ Yes No

\_\_\_\_\_  
If yes, on what date were you remarried? \_\_\_\_\_

*I hereby certify that all information herein is true to the best of my knowledge and acknowledge that the institution may verify the information set forth herein. **I have attached to this application the documents required as proof of eligibility for the tuition waiver as explained in the instructions.***

*I also understand that willfully misrepresenting my eligibility for this tuition waiver provided under N.C.General.Statutes Section 115B-1 et seq., or aiding or abetting an applicant to misrepresent his or her eligibility for this tuition waiver is a misdemeanor carrying a penalty of a \$50 fine and/or 30 days imprisonment.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant's Parent (if applicant is under 18)

\_\_\_\_\_  
Date