Reset Form

Michigan Department of Treasury
4859 (06-13)

**2013-2014 School Year**

# Application for Tuition Waiver for Police Officer's And Fire Fighter's Survivor Tuition Program

Issued under authority of Public Act 470 of 2012. Submission is required to participate in this program.

**INSTRUCTIONS:** Before completing this application, read the program requirements and instructions carefully. Follow the instructions for each part as you complete the form. Type or print all information.

Carefully review this application before submission. Be sure all information has been provided, the application and tax form(s) have been signed, and all necessary attachments listed in Part 7 are attached. Keep a copy of this application for your files and submit the original application to:

Student Scholarships and Grants Division
Michigan Department of Treasury
P.O. Box 30462
Lansing, MI 48909-7962

## PART 1: STUDENT INFORMATION

1. Name (Last, First, Middle Initial)

2. Permanent Mailing Address

3. Social Security Number

City

State

ZIP Code

4. Date of Birth (mm/dd/yy)

5. Home Telephone Number

6. E-mail Address

7. Are you a legal Michigan resident?
☐ Yes. Date you became a legal Michigan resident: _____ ☐ No

8. Relationship to deceased Police Officer/Fire Fighter
☐ Spouse ☐ Child

## PART 2: STUDENT STATUS

9. Were you born **before** January 1, 1987?
☐ Yes ☐ No

10. Are you a veteran of the U.S. Armed Forces?
☐ Yes ☐ No

11. Are you married?
☐ Yes ☐ No

12. Are you an orphan or a ward of the court, or **were** you a ward of the court until age 18?
☐ Yes ☐ No

13. Do you have legal dependents? (See instructions.)
☐ Yes ☐ No

## PART 3: EDUCATION INFORMATION

14. Which school(s) do you plan to attend this academic year (list your first choice in the first box)?

| College/University | Street Address, City, State |
|---|---|
| | |
| | |

15. Which degree/certificate program have you selected?

16. Have you received a bachelor's degree?
☐ Yes ☐ No

## PART 4: HOUSEHOLD INFORMATION

If you answered "No" to **all** questions in Part 2, complete questions 17-21 with the required information about the parent who provides for your support; otherwise, skip questions 17-21 and continue with question 22. **NOTE:** Follow the instructions carefully for questions 22 and 23. Be sure to complete the Household Worksheet, and attach an explanation of any change in your marital status.

17. Parent's Name (Last, First, Middle Initial)

18. Parent's Permanent Address

19. Parent's Social Security Number

City

State

ZIP Code

20. Parent's Home Telephone Number

21. Date your parent became a legal resident of Michigan.

22.Number of people that were members of your household in 2012.

23. Amount of income received from death benefits during 2012.

Continue and sign on Page 2.

## PART 5: DECEASED INFORMATION

| 24. Name of the Deceased Police Officer/Fire Fighter (Last, Middle, First Initial) | | |
|---|---|---|
| 25. Social Security Number | 26. Date of Birth | 27. Date of Death |

| 28. Where was the deceased employed at the time of death? (Agency and Department) | | | |
|---|---|---|---|
| Mailing Address of Employer | City | State | ZIP Code |

29. Cause of Death: Provide a brief description and include a copy of the death certificate.

## PART 6: RELEASES - Everyone whose information is provided on this form **must** sign below.

I certify that all of the information provided by me or any other person identified on this form is true and complete. I understand that this application is being filed jointly by all signatories. If asked by an authorized official, I agree to give proof of the information that I have given on this form, including verification of income reported to the U.S. Internal Revenue Service. I also realize that if I do not provide proof when asked or misrepresent information on this form, the student shall be denied benefits. I understand that benefits received under this program may be reportable to the U.S. Internal Revenue Service.

I hereby authorize any individual, agency, or organization to furnish the SSG, its representatives, and/or its agents any and all information pertaining to my college attendance records, grades, progress reports, and financial aid information. I hereby authorize any individual, agency, or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the SSG pursuant to the authority granted under Public Act 470 of 2012.

Further, I hereby authorize the SSG to release any and all records collected pursuant to this authorization to any individual, agency, or organization for the legitimate purposes of fulfilling the statutory and administrative objectives of Public Act 470 of 2012.

I hereby release any individual, agency, or organization, including its officers, employees, and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization of release of information or any attempt to comply with it. This authorization shall continue in effect until revoked by me in writing. A photostatic copy of this authorization shall have the same force as the original.

| Student | Date |
|---|---|
| Student's Spouse | Date |
| Father/Stepfather | Date |
| Mother/Stepmother | Date |
| Legal Guardian | Date |

## PART 7: ATTACHMENTS

The following documents are required as supporting documentation for this Application for Tuition Waiver. These documents must remain a permanent part of the application, so do not send original documents. Your application will not be processed without these required documents.

• **Household Worksheet.** Be sure to complete both sections of the Household Worksheet (Page 3).

• **Marriage License/Certificate.** If you are the surviving spouse of the deceased police officer or fire fighter, include a **copy** of your marriage license/certificate that indicates the date and location of your marriage.

• **Birth Certificate/Adoption Papers.** If you are the child of the deceased police officer or fire fighter, include a **copy** of your birth certificate that shows your parents' names. If you are the adopted child of the deceased police officer or fire fighter, include a **copy** of your adoption papers.

• **Driver's License.** If you answered "No" to **all** the questions in Part 2, include a copy of your **parent's or guardian's** Michigan driver's license. If you answered "Yes" to **any** of the questions in Part 2, include a copy of **your** Michigan driver's license.

• **Death Certificate.** Include a **Copy** of the deceased police officer's or fire fighter's death certificate.

• **Income Tax Return(s).** If you answered "No" to **all** the questions in Part 2, include **signed** copies of **both your own and your parent's or guardian's** 2012 Federal Income Tax Returns (1040, 1040A, or 1040EZ). If you answered "Yes" to **any** of the questions in Part 2, include a **signed** copy of **your** 2012 Federal Income Tax Return (1040, 1040A, or 1040EZ). If your filing status, or that of your parent or guardian, is "married, filing separately," provide **signed** copies of both federal tax returns. **Your application will not be processed nless the tax return(s) are signed.**

**By signing this application you authorize the college you attend to submit transcript data to SSG for verification of approved courses.**

# Household Worksheet for the Application for Tuition Waiver for Police Officer's and Fire Fighter's Survivor Tuition Program

## HOUSEHOLD MEMBERS

List household members by name and relationship to the student. **List everyone included in the number entered for question 22.**

| | First Name | Last Name | Relationship to Student |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |

## DEATH BENEFITS

Identify all income from death benefits received during 2012 as a result of the police officer's or fire fighter's death. Include benefits such as life insurance or scholarships and any interest earnings on these benefits.

| Description of Death Benefit | Amount Received in 2012 |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total Death Benefits Received in 2012** | |

# Program Requirements and Instructions for Form 4859, Application for Tuition Waiver

Public Act 470 of 2012, the Police Officer's and Fire Fighter's Survivor Tuition Act, provides for the waiver of tuition at public community colleges and state universities for the surviving spouse and children of Michigan police officers and fire fighters killed in the line of duty. The program is intended to provide an educational benefit to the spouse and children of police officers and fire fighters who made the ultimate sacrifice for their communities and the citizens of Michigan. Tuition will be waived for eligible survivors enrolled in classes leading to a certificate or undergraduate degree. The Student Scholarships and Grants Division (SSG) of the Michigan Department of Treasury is responsible for the administration of this program.

## Eligibility Requirements

To be eligible, the person applying must be the spouse or child (natural or adopted) of a Michigan police officer or fire fighter who was killed in the line of duty. A child must be less than age 21 at the time of the police officer's or fire fighter's death.

The deceased police officer must have been a sheriff or sheriff deputy, village or township marshal, a police officer of any city, village, or township, an officer of the state police, or any other police officer trained and certified pursuant to the Commission on Law Enforcement Standards Act. The deceased fire fighter must have been a member, volunteer or paid, of a fire department or other organization that provides fire suppression or other fire-related services, of a city, township, village, or county, which is responsible for extinguishment of fires. This does not include a person whose job description, duties, or responsibilities did not include direct involvement in fire suppression.

The death must have been the direct and proximate result of a traumatic injury incurred in the line of duty. Traumatic injury is defined as a wound or condition of the body caused by external force, including, but not limited to, an injury inflicted by bullet, explosive, sharp instrument, blunt object, or other physical blow, fire, smoke, chemical, electricity, climatic condition, infectious disease, radiation, or bacteria, but excluding injury resulting from stress, strain, or occupational disease.

## Tuition Waiver Requirements

Eligible surviving spouses and children must meet the following requirements:

- Apply, qualify, and enroll at least half time in a program leading to a certificate or degree at an approved Michigan community college or public university.
- Be a Michigan resident for 12 consecutive months preceding application. Dependent students shall use the parent's residency status.
- Provide satisfactory evidence that the applicant is an eligible child or surviving spouse of a police officer or fire fighter killed in the line of duty.
- Must apply for the first time before the age of 21.
- Maintain satisfactory academic progress for each enrolled term or semester as defined by the institution of attendance.
- Has **not** yet received a bachelor's degree.
- Have received a tuition waiver for **less** than 124 semester hours or 180 terms hours, and for **less** than a maximum of 9 semesters or the equivalent number of terms.
- Be certified by the financial aid officer of the eligible college or university that the waiver is needed to meet education expenses. The child's or surviving spouse's family income, excluding any income from death benefits attributable to the police officer's or fire fighter's death, must be below 400% of the federal poverty level.

**2013-2014 Poverty Guidelines**

| Family Size | 400% of Level | Family Size | 400% of Level |
|---|---|---|---|
| 1 | $45,960 | 5 | $110,280 |
| 2 | $62,040 | 6 | $126,360 |
| 3 | $78,120 | 7 | $142,440 |
| 4 | $94,200 | 8 | $158,520 |

Add $16,080 for each family member over 8.

## Limitations

The eligible college or university may waive tuition only for courses applicable toward a certificate or degree in the program in which the applicant is enrolled. Tuition may be waived for not more than 9 semesters or 14 terms. Tuition may be waived only to the extent that the tuition is not covered or paid by any scholarship, trust fund, statutory benefit, or other source of tuition coverage. SSG shall determine if the applicant is eligible for a tuition waiver based upon the application and supporting documentation submitted by the applicant, and the requirements of the Act.

## Application Procedure

This application is to be used only for the Police Officer's and Fire Fighter's Survivor Tuition Program. Student must enroll at an approved Michigan community college or public university. Applicants must also apply for financial aid at the college or university by filing the Free Application for Federal Student Aid (FAFSA).

## Line-by-Line Form Instructions

**Read the instructions carefully.** Mistakes will delay the processing of your application. Type or print (in ink) all information. Note: All social security numbers required on this application are considered protected information and will be used only for determining eligibility.

### Part 1: Student Information

1. Use your legal name as it appears on your social security card, not a nickname.
2. Write in your permanent mailing address. Do not use your dorm address or the address of your school.
3. Write in your social security number as it appears on your social security card.
4. Write in your date of birth in numeric format.
5. Use the phone number for the address listed in item 2 above.
6. Write in an e-mail address that may be used to contact you. Leave this field blank if you prefer to only be contacted by mail or telephone.
7. Write in the date you became a legal resident of the state of Michigan. If you have always lived in Michigan, you can use your date of birth as the date you became a legal resident. If you don't know the exact day that you became a legal resident, provide the month and year.
8. Check the box that applies to you (the student).

### Part 2: Student Status

9. Check "Yes" if you were born before January 1, 1987.
10. Check "Yes" if you have engaged in active service in the U.S. armed forces; or were a cadet or midshipman at one of the

service academies; and were released under a condition other than dishonorable; or are **not** a veteran now but **will be** one by June 30, 2013.
11. Check "Yes" if you are legally married **as of today**. Also answer "Yes" if you are separated.
12. Check "Yes" if (1) you are currently a ward of the court or were a ward of the court until age 18, or (2) both your parents are deceased and you don't have an adoptive parent or legal guardian.
13. Check "Yes" if you have any children who get more than half of their support from you. Also answer "Yes" if other people (not your spouse) live with you and get more than half of their support from you and will continue to get that support during the 2013-2014 school year.

**Part 3: Education Information**
14. List all colleges or universities you are considering during the 2013-2014 academic year. Give the name of each college and a complete mailing address.
15. Write in the name of your course of study as it is described by the college you plan to attend.
16. Check the box that applies to you (the student).

**Part 4: Household Information**
For the purposes of this application, "parent" means your mother, father, stepmother, stepfather, or legal guardian.

If you answered "Yes" to **any** of the questions in Part 2, you will be considered an **independent student** and your eligibility will be based on your own household information and 2012 income. Skip questions 17-21 and continue with question 22.

If you answered "No" to **all** of the questions in Part 2, you will be considered a **dependent student** and your eligibility will be based on the household information and 2012 income of you and your parents or legal guardians. Complete questions 17-21 with the required information regarding your parent or guardian.

17. Write in your parent's or guardian's legal name. Do not use nicknames.
18. Give your parent's or guardian's permanent address. All mail regarding this application will be sent to this address.
19. Write in your parent's or guardian's social security number as it appears on his/her social security card.
20. Use the phone number for the address given in item 18 above.
21. Write in the date your parent or guardian became a legal resident of the state of Michigan. Use the date for the parent whose social security number is provided in item 19 above. If you your parent has always lived in Michigan, you can use their date of birth as the date he or she became a legal resident. If you don't know the exact day your parent became a legal resident, provide the month and year.

**Household and Income Information**
Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.

If your marital status has changed, or a significant change in your income has occurred since you filed your 2012 federal income tax return, prepare an explanation of the change on a separate sheet of paper, and attach it to this application.

22. **Dependent Student.** Write in the number of people in your parent's household during 2012 that your parents supported. Include your parents and yourself. Include your parents' other children if they get more than half their support from your parents. Include other people only if they now live with and get more than half their support from your parents and will continue to get this support during the 2013-2014 academic year.

**Independent Student.** Write in the number of people in your household during 2013 that you supported. Include yourself and your spouse. Include your children if they get more than half their support from you. Include other people only if they now live with you and get more than half their support from you and will continue to get this support during the 2013-2014 academic year.
23. Enter the total amount of income from death benefits received during 2012 as a result of the police officer's or fire fighter's death. Include benefits such as life insurance or scholarships and any interest earnings on these benefits.

**Household Worksheet**
List household members by name and relationship to the student. List all death benefits received in 2012. Give a description of each benefit and the amount received.

**Part 5: Deceased Information**
24. Write in the full legal name of the deceased police officer or fire fighter. Do not use nicknames.
25. Enter the deceased's social security number.
26. Enter the deceased's date of birth in numeric format.
27. Enter the deceased's date of death in numeric format.
28. Write in the deceased's employer at the time of death. Give the entity and department name (for example, Lansing Police Department or Lansing Fire Department).
29. Give a brief description of the cause of death. Be sure to include a copy of the death certificate with this application.

**Part 6: Releases**
Read this section carefully before signing this application. By signing, you and your parent or guardians are agreeing to several conditions. If you have any questions regarding these conditions, contact SSG **before** you sign and submit this application.

**Part 7: Attachments**
Several attachments are required as supporting documentation for your application. All of these documents will be used only to determine your eligibility under Public Act 195 of 1996. **Your application cannot be processed without these documents.**

Be sure to submit copies of these documents, as they will become a permanent part of your application. **Do not send originals.**

**Submission**
Carefully review your application before submission. Be sure that all information has been provided, the application and tax return(s) have been signed, and the appropriate enclosures have been attached. Make a copy of the application for your records.

Mail the completed form to:

Student Scholarships and Grants Division
Michigan Department of Treasury
P.O. Box 30462
Lansing, MI 48909-7962

If you have any questions regarding the Survivor Tuition Program or this application, call toll-free 1-888-4-GRANTS (1-888-447-2687).