



# Request for Reimbursement Police Officer's and Fire Fighter's Survivor Tuition Program

Program renewed annually by Higher Education Appropriations Act. Filing is mandatory for funding.

**INSTRUCTIONS:** Institutions may submit this form only after the end of the semester/term period once grades have been posted. The Michigan Department of Treasury, Student Scholarships and Grants (SSG), reserves the right to make changes based on eligibility and to deny payment based on funding.

**If all the requirements have been met, mail or fax completed form with a copy of student(s) transcript to: Student Scholarships and Grants, Michigan Department of Treasury, P.O. Box 30462, Lansing, MI 48909, or fax to (517) 241-5835.**

1. Name and Address of Institution	
2. Billing Period (check one)	
<u>Billing Cycles</u>	<u>Deadline</u>
<input type="checkbox"/> 1 <sup>st</sup> Quarter	Dec. 21
<input type="checkbox"/> 2 <sup>nd</sup> Quarter	May 15
<input type="checkbox"/> 3 <sup>rd</sup> Quarter	Aug. 30
	<u>No Payment After</u>
	Jan. 14
	May 20
	Sep. 10* <b>*Final fiscal year payment</b>
3. Semester/Term for which Reimbursement is Requested	
4. Academic Year for which Reimbursement is Requested	
5. Total Number of Students	Total Tuition Amount

CERTIFICATION		
I certify that the tuition charges listed above, and supported by the attached transcript, have been waived in accordance with P.A. 195 of 1996 for the identified student (s), and that the tuition is not covered or paid by any scholarship, trust fund, statutory benefit or any other source of tuition coverage available to the student.		
Authorized Signature	Title	
Date	Email Address	Telephone Number

Additional forms may be downloaded from our Web site at: [www.michigan.gov/ssg](http://www.michigan.gov/ssg).

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Institution Name

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**STUDENTS**

<b>Last Name, First Name</b> (alphabetical order preferred)	<b>Social Security Number</b>	<b>Billable Credit Hours</b>	<b>Total Tuition Amount</b>
<b>TOTALS:</b>			