

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>	
<u>No Payment After</u>		
<input type="checkbox"/> 1st Quarter	January 10	January 17
<input type="checkbox"/> 2nd Quarter	May 15	May 19
<input type="checkbox"/> 3rd Quarter	August 21	August 25* *Final fiscal year payment
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>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.</i>		
Authorized Signature		
Title	Date	
E-mail Address	Telephone Number	

Additional forms may be downloaded from our Web site at: www.michigan.gov/ssg.

Institution Name		Page _____ of _____	
STUDENTS			
Last Name, First Name (alphabetical order preferred)	Social Security Number	Billable Credit Hours	Total Tuition Amount
TOTALS:			