



FIREFIGHTER'S APPLICATION FOR STATE TUITION EXEMPTION

STUDENT NAME: _____ SS#: _____

SEMESTER (& year): FALL ____ SPR ____ SU I ____ SU II ____

BY SIGNING BELOW, I ATTEST TO EACH OF THE FOLLOWING:

I am a paid employee of the fire department listed below and my employer has completed the "EMPLOYER'S CERTIFICATION" section of this form.

1. The course(s) which I am asking to be covered this semester under the State Firefighter's Tuition Waiver are required for the Fire Protection Technology Degree at Trinity Valley Community College.
2. The course(s) which I am asking to be covered this semester will be used as elective(s). I have _____ hours general electives and _____ hours fire science electives available. (This includes all college credit I have received at other institutions.)
3. It is my intent (whether at this institution or in a planned transfer program) to complete the requirements for an associate degree in fire science. (A copy of my TVCC fire science degree plan accompanies this application.)
4. I fully understand these conditions and realize that any later evidence which proves contrary to this application could result in a disallowance of the waiver and obligate me for the full payment of my expenses waived this semester.

Signature of Firefighter

Name of Supervisor

(Phone Number)

Name of Fire Department

Street Address of Fire Department

City, State, and Zip Code

EMPLOYER'S CERTIFICATION OF EMPLOYMENT

I certify that the above named individual is employed full-time at the agency listed above.

NAME & TITLE
(PLEASE PRINT)

SIGNATURE

DATE