



ELIGIBILITY GUIDELINES FOR A WAIVER OF TUITION/FEES FOR DEPENDENTS & SPOUSES OF DECEASED & DISABLED PUBLIC SAFETY OFFICERS

WHAT BENEFITS ARE AVAILABLE?

K.S.A. 75-4364 provides an opportunity for (1) eligible dependents and spouses of certain public safety officers who die as a result of injuries sustained in the line of duty and (2) eligible dependents of certain public safety officers who sustain injury or disability while performing duties as a public safety officer, to enroll without payment of tuition or "required fees" at Kansas community colleges, technical colleges, state universities, Washburn University and the Washburn Institute of Technology. "Required fees" are those fees required by an institution to be paid by every student as a condition of enrollment. The student will be responsible for all other charges associated with the student's academic program and living costs.

WHO IS ELIGIBLE TO APPLY?

Dependents and spouses of deceased public safety officers and dependents of disabled/injured public safety officers are eligible. A public safety officer is defined by law to include law enforcement officers, firefighters, emergency medical service providers, and public safety employees, each of which is defined below.

K.S.A. 75-4364 definitions:

Law enforcement officer means a person who by virtue of office or public employment is vested by law with a duty to maintain public order or to make arrests for violation of Kansas laws or ordinances, or with a duty to maintain or assert custody or supervision over persons accused or convicted of a crime. It includes wardens, superintendents, directors, security personnel, officers and employees of adult and juvenile correctional institutions, jails or other institutions or facilities for the detention of persons accused or convicted of a crime, while acting within the scope of their authority.

Firefighter means a person who is (A) employed by any city, county, township or other political subdivision of the state and who is assigned to the fire department thereof and engaged in the fighting and extinguishment of fires and the protection of life and property therefrom; or (B) a volunteer member of a fire district, fire department or fire company.

Emergency Medical Service Provider means an emergency medical responder, advanced emergency medical technician, emergency medical technician, or paramedic certified by the emergency medical services board.

Public Safety Employee means an employee of a law enforcement office, sheriff's department, municipal fire department, volunteer and non-volunteer fire protection association, emergency medical services provider or correctional institution of the department of corrections.

Dependent is defined to include: a birth child, adopted child, or stepchild, OR any child other than the foregoing who is actually dependent in whole or in part on the deceased or injured or disabled individual AND who is related to the deceased or injured or disabled individual by marriage or consanguinity.

Spouse is defined as the spouse of a deceased public safety officer who has not remarried.

Other definitions:

Disabled or Injured Public Safety Officer means a person who, on account of an injury or disability sustained while performing duties as a public safety officer, has been rendered totally and permanently incapable of performing the duties of: (1) the public safety officer position being performed at the time the injury or disability was sustained; and (2) any other public safety officer position for which they are qualified that is at or above the pay level of the position the person held at the time of the injury or disability.

ACCEPTABLE FORMS OF DOCUMENTATION

For dependents and spouses of deceased public safety officers, acceptable forms of documentation include a death certificate or other document from the employer establishing the death occurred while performing duties as a public safety officer. A newspaper obituary may be submitted but is not necessarily conclusive.

For dependents of injured or disabled public safety officers, acceptable documentation includes medical documentation from a certified physician and the injured individual's employer addressing the extent of the injury or disability, that it was sustained while on duty, and how such injury would prevent the person from being able to engage in the public safety officer position held at the time of injury or disability or any other public safety officer position for which they are qualified that is at or above the pay level of the position the person held at the time of the injury or disability.

Additional documentation for a dependent must include proof of the applicant's dependent relationship to the deceased or disabled public safety officer. A birth certificate or certificate of adoption would be acceptable documentation.

Additional documentation for a spouse must include proof of the marriage. A marriage certificate would be acceptable documentation.

LENGTH OF ELIGIBILITY

Each eligible spouse/dependent may qualify for tuition and fee waivers for a total of ten (10) semesters, or the equivalent thereof, of undergraduate instruction.

WHERE MAY ELIGIBLE STUDENTS ENROLL?

Enrollment without charge of tuition or required fees will be possible at **Kansas educational institutions**, which means public institutions including technical colleges, community colleges, state universities, Washburn University, and the Washburn Institute of Technology.

Application for a Waiver of Tuition and Required Fees for Dependents of Deceased and Disabled Public Safety Officers and Spouses of Deceased Public Safety Officers

Students seeking tuition/fee assistance as dependents or spouses of certain public safety officers must complete and timely return this form and supporting documentation to the Kansas Board of Regents, 1000 S.W. Jackson, Suite 520, Topeka, KS, 66612, or email to: scholars@ksbor.org. Assistance will be provided if a student meets eligibility criteria and appropriate funding is available. Please read the definitions on the cover page of this form to assist in determining whether you will be eligible for this benefit.

Name of eligible dependent/spouse Student ID, if known

Street City State Zip Code

Educational Institution you will be attending

Enrollment Start Date: _____ Anticipated Graduation: _____
Month/Year Month/year

Name of Deceased Public Safety Officer, if applicable Date of Death

Name of Injured/Disabled Public Safety Officer, if applicable Onset of injury/disability: Month/Year

Name and Address of Deceased or Disabled Public Safety Officer's Employer at the time of death or disability (including city & state)

Cause of Death or Injury/Disability (attach documentation as described on informational cover page)

Select the type of Public Safety Officer Position Held:

- Law Enforcement Officer
- Firefighter
- Emergency Medical Services Provider
- Public Safety Employee

Your relationship to Deceased or Injured/Disabled Public Safety Officer:

biological child adopted child stepchild other dependent child spouse

By signing this application form, I attest that the above statements and the supporting documentation are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

Student-Applicant

Date

Affidavit

STATE OF _____

COUNTY OF _____

BE IT REMEMBERED that on this ____ day of _____, 20____, before me the undersigned, a notary public in and for the county and state aforesaid, came _____ who is personally known to me to be the same person who executed the foregoing instrument, and such person duly acknowledged the execution of the same.

Notary Public

My appointment expires: _____