

# University of Nebraska - Lincoln

## In the Line of Duty Dependent Education Benefit

### Nebraska Revised Statute 85-2304      Application for Tuition and Fee Waiver

Any child who is the child of a law enforcement officer or a firefighter killed in the line of duty as provided in Nebraska Revised Statute 85-2304 shall be eligible for the education benefit for up to five years, if the child:

- Is twenty-five years of age or younger
  - Benefits cease when the child reaches twenty-six years of age.
- Meets all admission requirements
- Remains enrolled full time
- Is pursuing studies leading to a degree from an associate to a baccalaureate program
- Applies for federal financial aid grants and state scholarships and grants to cover tuition and fees.

If the child meets the above requirements, the University of Nebraska – Lincoln will waive tuition and fees remaining due after student applies for, and UNL considers, awarded federal financial aid grants and state scholarships and grants. The benefit is available for the eligible child during the time the child is enrolled full time, up to five years.

In order to determine eligibility for the Tuition and Fee Waiver, please complete the following and submit :

1. A certified copy of the eligible child's birth certificate or applicable adoption record and
2. Verification of the death of the law enforcement officer or firefighter who was the child's parent by obtaining a certificate of eligibility from the following sources:
  - a. Certificates of eligibility for the children of law enforcement officers shall be obtained from the Superintendent of Law Enforcement and Public Safety;
  - b. Certificates of eligibility for the children of firefighters, except as provided in subdivision (c) of this subsection, shall be obtained from the State Fire Marshal; and
  - c. Certificates of eligibility for the children of members of emergency medical services ambulance squads that are not associated with a paid or volunteer fire department shall be obtained from the Department of Health and Human Services.

**Applicant Name:** \_\_\_\_\_ **NU ID#:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Law Enforcement Agency/Employer** \_\_\_\_\_

Semester and year you are applying for: **Fall 20**\_\_\_ **Spring 20**\_\_\_ **Summer 20**\_\_\_

Are you actively seeking a baccalaureate degree at UNL?      **Yes** \_\_\_ **No** \_\_\_

If no, list degree program \_\_\_\_\_

**After completing your application, submit with your verification of eligibility letter to:**

University of Nebraska – Lincoln  
Office of Student Accounts  
P.O. Box 880413  
Lincoln, NE 68588-0413

Phone: (402) 472-2887  
Fax: (402) 472-2959

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For University use only:**

Is applicant eligible for Tuition and Fee waiver? Yes \_\_\_\_\_ No \_\_\_\_\_ (reason) \_\_\_\_\_

Student Account Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date decision letter sent to applicant \_\_\_\_\_ initials \_\_\_\_\_