

# Washington State University

## LEOFF 70% Tuition Waiver

### Children of Totally Disabled or Deceased Law Enforcement Officers or Fire Fighters -UNDERGRADUATE DEGREE-

**Eligibility:** Children of any law enforcement officer or fire fighter who lost his or her life or became totally disabled in the line of duty while employed by an public law enforcement agency or full time or volunteer fire department in this state: PROVIDED that such persons may receive the exemption only if they begin their course of study at a state-supported college or university within ten years of their graduation from high school. The phrase "totally disabled" means a person who is prevented from performing any occupation or gainful pursuit (RCW 28B.15.380).

**Qualifying Criteria:** This waiver is awarded to eligible students pursuing their first bachelor's degree to a maximum of 150 semester credits. The waiver is limited to 70% of the cost of basic undergraduate tuition (18 credits max). You must be domiciled in the state of Washington (RCW 28B.15.013) and must begin your course of study within 10 years of your graduation from high school.

**Procedures:** Please complete the application section below. Attach a copy of your sponsor's most recent Federal tax return (W2s) to verify no gainful employment, a copy of a letter from the Washington state retirement authority indicating total disability or death, a copy of a birth certificated or adoption papers.

**Information:** Office of the Registrar, Veterans Affairs, PO Box 641035, Pullman, WA 99164-1035, (509)-335-1234/1857, Fax: (509)-335-7823, Email: [veterans@wsu.edu](mailto:veterans@wsu.edu).

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#### APPLICATION SECTION

This waiver cannot be used for Summer Session.

Deadline for submission: Fall Semester - October 1 / Spring Semester - February 15

\_\_\_\_\_ Pullman/Spokane      \_\_\_\_\_ DDP      \_\_\_\_\_ Tri-Cities      \_\_\_\_\_ Vancouver

For what semester/year are you applying? \_\_\_\_\_

Name: \_\_\_\_\_ WSU Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I certify that I meet the eligibility requirements and qualifying criteria listed above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **FOR OFFICE USE ONLY**

Tax Return		1st Bachelor's Degree		10 years from HS Grad		Domicile	
WA Retirement Authority		Credit Max (150)		Dependency Status			