

Tuition Waiver for
Police Officers and Firefighters
KRS 164.2841 & 164.2842
Coordinator: Rachel Kirk
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Student Financial Aid Office
University of Louisville
Louisville, KY 40292
Phone: 502-852-5511
Fax: 502-852-0182

KRS 164.2841 Must be the child or non-remarried spouse of a person who was a Kentucky resident on becoming a law enforcement officer, firefighter, or volunteer firefighter and who was killed in the line of duty or died from a service-connected disability. **Proof of relationship and official documentation of circumstance of the death must be provided in order to process the waiver.**

NOTE: Documentation must specifically state “killed in the line of duty” or “died from a service-connected disability”.

KRS 164.2842 Must be the child (over age 17 and under age 23) or non-remarried spouse of a person who was a Kentucky resident on becoming a law enforcement officer, firefighter, or volunteer firefighter and who was permanently and totally disabled in the line of duty. **Proof of relationship and official documentation of the qualifying disability must be provided in order to process the waiver.**

NOTE: Documentation must specifically state “permanently and totally disabled in the line of duty” or “100% disabled in the line of duty”.

Student Information

Name: _____ Student ID _____

Address: _____

Telephone Number: _____ Date of Birth: _____

Provide School Details if Waiver Previously Used: _____

Police and Firefighter Information:

Student’s relationship to the deceased/disabled: _____

Name, address, and phone number of employer of deceased/disabled family member at time of death/disability:

I authorize the Student Financial Aid Office to verify the above information in order to process the waiver. This waiver cannot be used concurrently with any other tuition waivers, which includes but not limited to institutional awards, scholarship, and other state mandated, University funded waivers. I certify that all information provided is accurate and understand that knowingly providing incorrect information will void this waiver and all future use of the waiver at the University of Louisville.

Signature _____ Date _____

Office Use Only:

Revised 2/9/18

Provided documentation of relationship
 Provided documentation of duty related death/disability

Eligible Ineligible

Verifier Initials: _____ Date : _____