CHILDREN OF DISABLED OR DECEASED LAW ENFORCEMENT OFFICER OR FIREFIGHTER WAIVER

Children of any law enforcement officer as defined in chapter 41.26 RCW, firefighter as defined in chapter 41.26 or 41.24 RCW, or Washington state patrol officer who lost his or her life or became totally disabled in the line of duty while employed by any public law enforcement agency or full time or volunteer fire department in Washington State are eligible for a tuition waiver.

WAIVER REQUIREMENTS:

- Students must complete a waiver application and attach the following documents:
  - Documentation showing proof of discharge, disability or death, from the Department of Retirement Systems.
  - Proof of relationship with the disabled or deceased.
  - Valid state identification.
- Students must begin their course of study at a community college within ten years of their graduation from high school.
  - Provide proof of graduation date
- State residency for tuition paying purposes is not required.

Submit the waiver application and supporting documents.

In person: Registration Office
6000 16th Avenue SW
Seattle, WA 98116

Fax: 206-934-7947

Email: SSCCRegistration@seattlecolleges.edu
CHILDREN OF DISABLED OR DECEASED LAW ENFORCEMENT OFFICER OR FIREFIGHTER WAIVER APPLICATION

WAIVER REQUIREMENTS

- Student must be a child of an eligible officer who died, or is disabled, in the line of duty while employed by a public law enforcement agency, full time or volunteer fire department.
- Student must begin course of study within ten years of high school graduation and provide documentation of graduation date.
- Student must provide documentation from the Department of Retirement Systems (see RCW 41.26.120) if applicable.

First Name: ___________________________  Last Name: ___________________________

Student Identification Number: ___________________________________________________

Quarter plan to attend: _____________  Year _______________________________________

Student status:  □ New  □ Returning  □ Former (not currently enrolled)

Last quarter/year attended: ______________________________________________________

________________________________________  _______________________________________
Student Signature  Date

OFFICE USE ONLY – Staff Initials/Date Received: _________________________

South Seattle Community College does not discriminate on the basis of race, color, creed, national origin, sex, disability, age, honorably discharged veteran or military status, or sexual orientation.