Texas Fire Fighter Application for Tuition and Course Fee Exemption

Semester (circle one)  Fall  Spring  Sum. 3 Wk.  Sum. 8 Wk.  Sum 10 Wk.  Sum 12 Wk.
Sum 5 Wk 1  Sum 5 Wk 2  Year: ________________

Name: ______________________________________________________________

Last  First  MI

Student ID (EMPL #) ________________________________

Student Phone Number ________________________________

City of ______________________________________ Fire Department

Important Note: To insure the exemption is paying correctly, the Sponsored Billing Area of Student Accounting must be contacted if a student makes any changes to their schedule. This includes adding, dropping, swapping, or withdrawing from classes.

Qualifying Criteria and Guidelines:

1. Must submit verification of current employment that includes the employee’s position and title on Fire Department letterhead that is signed by a city official.

2. Must be an employed firefighter, not an unpaid volunteer.

3. Must be a permanent, full time fire department employee who is not a secretary, stenographer, clerk, budget analyst, or similar support staff person or other administrative employee.

4. Must be a Texas resident.

5. The application and required proof of employment must be submitted each term (Fall or Spring) or session (Summer) the student is seeking the exemption.

I hereby make application for exemption from the payment of tuition and lab fees as provided by the Texas Education Vernon Code 54.208. In connection with this application, I hereby certify that the information submitted is true and bonafide. If I am determined to be ineligible for this exemption, I understand that this exemption will be removed from my account and I will be responsible for any amount due. I authorize the University to assign any unpaid amount of tuition and fees or financial aid funds to a collection or credit reporting agency or agencies for the purpose of collecting the amount at the option of the University. I promise to pay all attorney’s fees and other collection costs and charges necessary for the collection of any amount not paid when due.

_____________________________  ________________________________
Date  Signature