**Texas Fire Fighter Application for Tuition and Lab 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. In the case of a volunteer firefighter, proof of active membership and certification is required.

2. Must be employed as a firefighter by a political subdivision of the state of Texas or an active member of an organized volunteer fire department in Texas, as defined under TEC. 54.3531.

 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.

6. Undergraduate - Must have a minimum 2.0 cumulative grade point average.

Graduate (this includes post-baccalaureate) - Must have a minimum 3.0 cumulative grade point average.

I hereby make application for exemption from the payment of tuition and lab fees as provided by the Texas Education Vernon Code 54.3531. 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.