



Board of Firefighters' Relief
Request for Tuition Reimbursement

- Initial Application
- Renewal Application

I hereby request certification, as a firefighter/dependent eligible under the terms of Rhode Island General Law 45-19-12.3 or 45-19.12.1, for tuition reimbursement for a course or courses enrolled at the University of RI, RI College or Community College of RI.

Date: _____ Student's Signature: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Student's Date of Birth: _____ Student's Social Security Number: _____

Please note: There is a four-year limit from date of enrollement.
Students **MUST BE** between 16-21 years of age when initially applying and enrolling in school.

Check one.

Deceased Firefighter's Name: _____ SSN: _____

Disabled Firefighter's Name: _____ SSN: _____

Name of Fire Department at the time of death/disability: _____

Type of Firefighter (check one): Permanent Volunteer On-call

Name of College/University: _____

First Semester Enrolled (month/year): _____ Anticipated Graduation (month/year): _____

Requesting Payment for Semester beginning (month/year): _____ Full-time Part-time

Information required with this application

- * A letter from the Fire Department containing dates of service and JOB RELATED disability (Initial only)
- * Dependents of firefighters must submit a copy of their birth certificate. (Initial only)
- * Complete a transcript release form from your specific college (Both Initial and renewal applications);
For URI, please attach transcript confirmation.

This application must be submitted **no less than two months prior to the start of the semester** for which you are requesting in-state tuition assistance. Payments for out-of-state tuition are not eligible for this program. **All reimbursements owed to the Board for withdrawn, incomplete or failed classes must be paid before any further funds will be disbursed.** A completed Academic Transcript Request form for the school you will be attending must be included with this application. **Incomplete applications will not be considered.**

MAIL TO:
RI Department of Labor and Training
Board of Firefighters' Relief
1511 Pontiac Avenue
Cranston, RI 02920

FOR OFFICIAL USE ONLY	
Board Signature: _____	
Title: _____	Date: _____