



State of Rhode Island and Providence Plantations  
RI Department of Labor and Training



**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: \_\_\_\_\_  Firefighter  Dependent

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

Transcript Release Authorization Student ID #: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

**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)

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 **All reimbursements owed to the Board for withdrawn, incomplete or failed classes must be paid before any further funds will be disbursed. 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: _____