



**Board of Policemen's Relief**

**Questionnaire for Eligibility for Tuition Benefits under RI General Law 45-19-4.1**

- Initial Application
- Renewal Application

Please answer all questions completely and attached requested forms.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Police Department at which you were employed. \_\_\_\_\_
2. Date you began service with the Police Department \_\_\_\_\_
3. At the time of the disability, were you an auxiliary or volunteer police officer?  Yes  No
4. Date upon which you were injured or diagnosed to have a heart condition or a condition derived from hypertension. \_\_\_\_\_ (Please attach doctor's certificate attesting to this)
5. Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Circumstances surrounding your injury or condition:

7. Were you on duty at the time of your injury and/or was it determined that your condition was job-related?

8. Description and extent of your injury or condition:

9. Was a Police Report filed concerning the circumstances under which you were injured?  Yes  No  
(If so, please attach a copy of the report.)

10. Are you totally and permanently disabled as a result of this injury or condition?  Yes  No

11. Date disability pension commenced. \_\_\_\_\_ (Please attach Police Dept. letter attesting to this)

12. Are you currently employed in any position?  Yes  No  Part time  Full time

13. If so, what is your occupation and how often do you work? \_\_\_\_\_

14. List child/children for whom you are applying for tuition benefits:  
(Rhode Island College, University of Rhode Island, Community College of Rhode Island)

a. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 School: \_\_\_\_\_ SSN: \_\_\_\_\_

b. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 School: \_\_\_\_\_ SSN: \_\_\_\_\_

c. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 School: \_\_\_\_\_ SSN: \_\_\_\_\_

d. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 School: \_\_\_\_\_ SSN: \_\_\_\_\_

**Please attach copy/copies of birth certificates for child/children**

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 **All reimbursements owed to the Board for withdrawn, incomplete or failed classes must be paid before any further funds will be disbursed.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

I understand that the information on this form will be used to determine the eligibility of my child/children for tuition benefits for Rhode Island College, University of Rhode Island or Community College of Rhode Island; based on my total and permanent disability. I further understand that if at any time I enter into a gainful occupation, part time or full time, I must notify the Board of Police Officer's Relief immediately; and my child/children's tuition benefits may be automatically terminated.

**I hereby certify that the above information is true and to the best of my knowledge.**

PLEASE ATTACH:

- Doctor's Certificate (Questions 4)
- Police Report (Question 9)
- Disability Pension (Question 11)
- Birth Certificates (Questions 14)

\_\_\_\_\_  
Signature Date

Subscribed and sworn before me on this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

MAIL TO:

RI Department of Labor and Training  
Board of Police Officers' Relief  
1511 Pontiac Avenue  
Cranston, RI 02920

\_\_\_\_\_  
Notary Public  
My Commission expires on \_\_\_\_\_.

OFFICIAL USE ONLY

Date: \_\_\_\_\_

Approved

Denied

Comments: \_\_\_\_\_

Chairperson: \_\_\_\_\_ Secretary: \_\_\_\_\_

Member: \_\_\_\_\_ Member: \_\_\_\_\_ Member: \_\_\_\_\_