



State of Rhode Island
RI Department of Labor and Training

Board of Policemen's Relief
Tuition Request Affidavit of Widow/Widower, Guardian or Child
of a Deceased Police Officer

I _____, SSN: _____
(Name)
of _____
(Address, State, Zip)

having been duly sworn on oath do hereby depose and state as follows:

1.) I am the _____
Widow/Widower Guardian Child of _____
who was a police officer employed by the _____ Police Department.

2.) He/She was employed by said Police Department from _____, until _____.
mm\dd\yy mm\dd\yy

3.) On _____, he/she died. (Please attach Death Certificate)
mm\dd\yy

Cause of Death:

- Killed, or died as a result of injuries received, while in the performance of duties;
- Died during the performance of duties;
- Died from a heart condition or a condition derived from hypertension, while a member of said Police Department.

I am requesting tuition payment to attend RI College; University of RI; or Community College of RI for:

Name: _____ S.S.N. _____

Street: _____ City: _____

State: _____ Zip: _____ Phone: _____ Date of Birth: ____/____/____

Name of Institution: _____ Date of FIRST Semester Enrolled: _____

Semesters Completed: _____ Academic Credits Earned: _____ Expected Date of Graduation: _____

REQUESTING PAYMENT FOR SEMESTER BEGINNING (mo/yr): _____ Part-time Full-Time

Transcript authorization for attending college - Student ID #: _____

Signature of Student Date _____

Signature of Widow/Widower or Guardian
(If Applicable)

PLEASE ATTACH: 1. Copy of Death Certificate [#3]
2. Letter from Police Chief with dates of services

Subscribed and sworn to me 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

**CHILD 18 YEARS OF AGE OR OLDER MAY FILL OUT THIS FORM

My Commission Expires on: _____