

Deceased / Disabled Retired State Employees Tuition Waiver

KRS 164.2841 Must be the child or nonremarried spouse of an employee participating in a state-administered retirement system who died of a duty related injury. Must provide proof of relationship to the deceased, proof that the death/disability was duty related and proof of the deceased/disabled employee's enrollment in a state retirement system. Full tuition waiver.

KRS 164.2842 Must be the spouse or the child (over the age 17 and under 23) of an employee participating in a state administered retirement system who was disabled due to a duty related injury. Must provide official proof of relationship to the disabled person, official proof that the disability was duty related and proof of the disabled employee's enrollment in a state retirement system. Full tuition waiver up to 36 months.

Name: _____ **ID #:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Semester you plan to enroll at EKU:** _____

Applicant's relationship to the deceased / disabled: _____

Name and address of employer of deceased / disabled at time of death / disability:

Phone # of employer: _____ **State Retirement System:** _____

I authorize the Scholarship Office to verify the above information in order to process this waiver. This waiver cannot be used concurrently with any other tuition waivers, which includes but not limited to institutional awards, scholarships and other state mandated, University funded waivers. I hereby state that all information provided is accurate and understand the knowingly providing incorrect information will void this waiver and all future use of the waiver at Eastern Kentucky University.

Signature of applicant

Date

OFFICE USE ONLY:

Verified By: _____ **Date:** _____

_____ **Birth Certificate** _____ **Social Security Card** _____ **Documentation of duty related death/disability**

_____ **Eligible** _____ **Ineligible**