

APPLICANT INFORMATION

| | | | | |
|--|-------------------|----------------|----------------|---------------|
| Social Security Number | Last Name | First Name | MI | Date of Birth |
| Home Address (Permanent/Legal) Street | | Apt /Unit | City/State/Zip | |
| Mailing Address (If Different) Street/PO Box | | Apt /Unit | City/State/Zip | |
| Home Phone Number | Cell Phone Number | E-mail Address | | |

| | | |
|----------------------------------|--------------------------------|----------------------------------|
| EXPECTED ENROLLMENT PLANS | College attending in 2023-2024 | Expected Graduation Date (MM/YY) |
|----------------------------------|--------------------------------|----------------------------------|

DECEASED PERSON'S INFORMATION

| | |
|---|---|
| Full Name of Deceased Person | Your Relationship to the Deceased <input type="checkbox"/> Child (Your Age at Time of Death _____) <input type="checkbox"/> Spouse |
| Supervisor at Time of Death (Full Name) | Supervisor's Title |
| Supervisor's Address | Supervisor's Phone Number |

| | | |
|--------------------------------------|---|---|
| OCCUPATION OF DECEASED PERSON | <input type="checkbox"/> Volunteer Firefighter <input type="checkbox"/> Municipal Firefighter <input type="checkbox"/> Emergency Medical Services | OR As a Law Enforcement Officer (please check the applicable position) <input type="checkbox"/> Game Warden <input type="checkbox"/> County Sheriff <input type="checkbox"/> State Police <input type="checkbox"/> Liquor Enforcement <input type="checkbox"/> Marine Patrol <input type="checkbox"/> Deputy Sheriff <input type="checkbox"/> Municipal Police <input type="checkbox"/> Fire Marshal |
|--------------------------------------|---|---|

APPLICANT SIGNATURE AND CERTIFICATION

I hereby certify that all of the information set forth on this application, and all materials submitted therewith (collectively, "my information"), is true, correct and complete. I have read and I understand FAME's Privacy Policy Notice. I authorize FAME to share my information and information obtained from my high school, college or university regarding my registration, grades and costs of attendance, with FAME's advisory or selection committee(s) and with my school(s) for purposes of processing my application.

| | |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|



Tuition Waiver Program Public Servant 2023-2024 Application

APPLICANT INFORMATION

| | | | | |
|---|-----------|------------|----|---------------|
| Social Security Number (last 4 digits only on this page) XXX-XX- | Last Name | First Name | MI | Date of Birth |
|---|-----------|------------|----|---------------|

PRIVACY POLICY NOTICE

Protecting the privacy of your personal information is important to us at the Finance Authority of Maine. We do not sell or share the nonpublic personal information you provide us. Federal legislation requires us to give you this notice about our privacy policy. The law also requires us to send you a current privacy policy each year that you are our customer.

This notice uses the term “nonpublic personal information.” This means personal information about you which identifies you, and that is not available from public sources.

1. We collect nonpublic personal information about you from the following sources:
 - a. Information received from you on applications, correspondence, communications, and other forms;
 - b. Information about your transactions with respect to your account.
2. We do not disclose any nonpublic personal information about you or our other current or former customers to anyone, except as permitted by law. We never rent or sell your name or personal financial information. We do share such information with our contractors and agents, as needed, to administer your account transactions in conformance with law.
3. We restrict access to nonpublic personal information about you to our employees who need to know the information and to contractors and agents in order to provide service to you. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations to safeguard your nonpublic personal information.

AUTHORIZATIONS (OPTIONAL)

I hereby authorize the Finance Authority of Maine (FAME) to discuss my application with the following individuals upon their verification that they are such person and correct reciting of my social security number and date of birth, until written notification from me to the contrary is received by FAME.

| Examples: | First Name | Last Name | Relationship to Applicant | Last 4 SSN | Email or Phone |
|-----------|------------|-----------|---------------------------|------------|----------------|
| Parent | | | | | |
| Guardian | | | | | |
| Spouse | | | | | |

APPLICANT SIGNATURE AND CERTIFICATION

I hereby certify that all of the information set forth on this application is true, correct and complete.

| | |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

PROGRAM ELIGIBILITY INFORMATION

The Tuition Waiver (Public Servant) program is a state of Maine program for eligible students pursuing a postsecondary degree at a Maine public college or university.

Eligible students include:

- Ø The spouse of an active Maine firefighter, emergency medical services provider, or full-time law enforcement officer killed in the line of duty in Maine; or
- Ø The child of an active Maine firefighter, emergency medical services provider, or full-time law enforcement officer killed in the line of duty in Maine, who was under 21 years of age at the time of the parent's death.

In addition to completing the Tuition Waiver (Public Servant) application, a student must:

- Ø Be a Maine resident
- Ø Have received acceptance into a degree program at a University of Maine campus, a Maine Community College, or Maine Maritime Academy
- Ø Submit all required supplemental forms and documents to FAME
- Ø Submit the 2023-2024 Free Application for Federal Student Aid (FAFSA)

This program is governed by Maine law as set forth in 20-A M.R.S.A. §12551 et seq. and Chapter 608 of the Rules of the Finance Authority of Maine.

INSTRUCTIONS AND REQUIREMENTS

There is no deadline for the Tuition Waiver Program application. Completed applications and required documents **must be submitted directly to FAME via postal mail**. We cannot accept faxed, emailed, or hand-delivered application materials; the application does not need to be sent via expedited mail. The envelope must have the correct postmark date clearly visible and legible; this can be done by having the postmaster hand stamp the envelope with the postmark.

Applicants must:

- Ø Complete the Tuition Waiver Program Application carefully
- Ø Provide proof of acceptance or enrollment in a degree program by submitting one of the following:
 - A copy of your college admissions acceptance letter
 - A letter from your college registrar's office confirming your degree program status
 - A current college transcript showing your degree program status
- Ø Provide a copy of the death certificate
- Ø Attach legal documentation for one of the following:
 - Child – Verifying you are the natural or legally adopted child of the deceased, and that you were less than 21 years of age at the time of death
 - Spouse – Verifying you were legally married to the deceased at the time of death
- Ø Submit a notarized statement from a local government official confirming the death occurred in the line of duty
- Ø File the 2023-2024 FAFSA

APPLICATION CHECKLIST

- Tuition Waiver Program Application – pages 1 and 2
- Proof of Acceptance or Enrollment in a Degree Program
- Copy of Death Certificate
- Proof of Relationship
- Notarized statement from local government official
- Submitted 2023-2024 FAFSA