



## **Nebraska First Responder Recruitment & Retention Act Dependent Firefighter Tuition Waiver Application and Certification of Verification**

The Nebraska First Responder Recruitment & Retention Act provides a waiver of 100% of the resident tuition charges of law enforcement officers, firefighters, and firefighter-paramedics and/or their eligible dependent(s) for a period of up to five years. . A professional firefighter, for the purposes of the program, is defined as a **firefighter or firefighter paramedic** who is a Nebraska resident and who is a member of a paid fire department of a municipality or a rural or suburban fire protection district in this state, including a municipality having a home rule charter or a municipal authority created pursuant to a home rule charter that has its own paid fire department, and for whom firefighting is a full-time career.

In order to establish eligibility for the waiver, an applicant must be enrolled to Metropolitan Community College and must complete and sign this application form annually. Additionally, the parent's superior officer at the fire department where the parent is employed must sign this certificate attesting to the parent's satisfactory performance as a firefighter/firefighter paramedic.

### **Applicant/Student Information:**

Student Name \_\_\_\_\_ MCC ID \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### **Parent Information:**

Parent Name \_\_\_\_\_

Parent Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

By signing this document, I affirm that:

1. I am a firefighter, or firefighter-paramedic.
2. I am currently employed by a fire department as a firefighter or firefighter-paramedic.
3. My dependent is pursuing an undergraduate degree program.

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



**Certificate of Verification of Satisfactory Performance (to be completed by a superior officer)**

Supervising Officer Name and Rank \_\_\_\_\_

Fire Department \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

I am the supervising officer for the individual listed above and by my signature I attest the firefighter /firefighter paramedic has maintained and continues to maintain satisfactory performance as a firefighter/firefighter paramedic with the fire department listed above.

Signature of Supervising Officer \_\_\_\_\_ Date \_\_\_\_\_

Please return your completed application to the MCC Financial Aid Office by fax to 402-933-8437, USPS mail at PO BOX 3777, Omaha, NE 68103-0777, or in person at a MCC Financial Aid Office.