

**NORTHWESTERN STATE UNIVERSITY
APPLICATION FOR POLICE OFFICER/FIREFIGHTER
DEPENDENT EXEMPTION**

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

**PLEASE PROVIDE THE FOLLOWING DOCUMENTATION AND RETURN WITH THIS
APPLICATION TO THE OFFICE OF SCHOLARSHIPS, NORTHWESTERN STATE
UNIVERSITY, 200 CENTRAL AVENUE, NATCHITOCHEs, LA. 71497.**

**THE FOLLOWING DOCUMENTATION MUST BE ATTACHED TO THIS APPLICATION BEFORE
ELIGIBILITY FOR THIS EXEMPTION CAN BE PROCESSED.**

1. A copy of the dependent's birth certificate
2. A copy of the accident report stating details of accident while officer/fireman was on duty.

IN THE CASE OF DEATH:

1. A copy of the death certificate.

IN THE CASE OF PERMANENT DISABILITY:

1. A copy of the physician's report stating permanent disability.
2. Documentation from the state pension board indicating the date disability pay began.
3. A copy of the previous year's 1040 and W-2 forms.

**THIS EXEMPTION IS AVAILABLE TO A CHILD OF A FIREFIGHTER/POLICE OFFICER INJURED IN
THE COURSE AND SCOPE OF THE PERFORMANCE OF DUTIES AS SUCH, WHICH INJURY CAUSES
DEATH OR SERIOUS INJURY RESULTING IN AN INABILITY TO BE EMPLOYED.**

