

First Responder Recruitment & Retention Act **Application and Certificate of Verification**

The First Responder Recruitment & Retention Act provides a waiver of 100% of the resident tuition charges of law enforcement officer, professional firefighter or firefighter-paramedic, or their legal dependents for a period of up to five years.

To establish eligibility for the waiver for yourself or legal dependent, an applicant must be admitted to Mid-Plains Community College, have completed the FAFSA, and must complete and sign this application form. Additionally, the law enforcement officer's superior officer or professional firefighter's/firefighter-paramedic's fire chief must sign this certificate attesting to satisfactory performance as a law enforcement officer or firefighter.

Section 1: MPCC Student Information

Student Name

MPCC ID

Section 2: Law Enforcement Officer or Professional Firefighter or Firefighter/Paramedic Verification

Law enforcement officer: Law enforcement officer means any person who is responsible for the prevention or detection of crime or the enforcement of the penal, traffic, or highway laws of the State of Nebraska or any political subdivision of the state for more than one hundred hours per year and who is authorized by law to make arrests.

Professional firefighter: Professional firefighter means a firefighter or firefighter-paramedic who is a member of a paid fire department of a municipality or a rural or suburban fire protection district in the state of Nebraska, 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.

By signing this document, I affirm that:

- 1. I am a law enforcement officer or professional firefighter as described above.
- 2. I am pursuing an associate degree program that relates to a career in law enforcement or firefighting. **OR**
- 3. I have a legal dependent that is applying for the tuition waiver and the student named above is my legal dependent. (Legal dependent must complete and submit a separate application.)
- 4. I will provide a copy of verification letter from the Department of Revenue.

Law Enforcement Officer, Professional Firefighter, or Firefighter/Paramedic Name:

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Signature	Date

Section 3: Certificate of Verification of Satisfactory Performance (to be completed by a superior officer)

Supervising Officer Name and Rank	
Law Enforcement Agency or Fire Departme	nt
Address	
Telephone Number	Email Address
	al listed above and by my signature I attest the above named person has

maintained and continues to maintain satisfactory performance as a law enforcement officer with the law enforcement agency listed above or as a professional firefighter at the fire department listed above.

Signature of Supervising Officer ______ Date _____ Date _____