

**WYOMING SURVIVORS OF DECEASED FIREFIGHTERS
TUITION BENEFIT APPLICATION
STATE FIRE MARSHAL CERTIFICATION**

Instructions: Complete this form and send it to the State Fire Marshal for certification. The State Fire Marshal will send the certified form to the financial aid office at the educational institution checked below.
Address: State Fire Marshal, Herschler Building, 1st Floor West, Cheyenne, Wyoming 82002

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Name of Applicant: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

To which school do you wish to have the tuition benefit applied:

|                                                           |                                                            |
|-----------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Casper College                   | <input type="checkbox"/> Northwest College                 |
| <input type="checkbox"/> Central Wyoming College          | <input type="checkbox"/> Sheridan College                  |
| <input type="checkbox"/> Eastern Wyoming College          | <input type="checkbox"/> University of Wyoming             |
| <input type="checkbox"/> Laramie County Community College | <input type="checkbox"/> Western Wyoming Community College |

School year for which you are applying: \_\_\_\_\_

Fall Semester  
 Spring Semester  
 Summer Semester

I HEREBY CERTIFY that all statements made herein are true and complete to the best of my knowledge and belief and I herewith apply for a program of education under W.S. 35-9-161.

Signature of Applicant: \_\_\_\_\_  
Date Signed: \_\_\_\_\_

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Name of Deceased Firefighter: \_\_\_\_\_

Social Security No. of Firefighter: \_\_\_\_\_

Name of Fire Department/District: \_\_\_\_\_

Date of Death of Firefighter: \_\_\_\_\_

Applicant's Relationship to Deceased: \_\_\_\_\_

**State Fire Marshal Certification**

This is to certify that the decedent listed above was a firefighter in the service of a paid or volunteer fire department or district in Wyoming, the decedent died while acting within the scope of his/her duties and the applicant is the decedent's dependent and qualified for free tuition under W.S. 35-9-161.

Printed Name and Signature of State Fire Marshal: \_\_\_\_\_  
Date Signed: \_\_\_\_\_

Original sent by Fire Marshal to educational institution (financial aid office)  
Copy sent by Fire Marshal to applicant