



## Rules and Regulations

# Children of Deceased/Disabled Policeman

## LRS 17:1681.1 (Previous Act 353)

To receive this exemption, the student must be officially admitted to the University meeting all of the requirements for regular admissions and submit a letter of certification from the Louisiana Pension and Relief Fund. Students must have a cumulative 2.0 GPA. (Students admitted on probation will be reviewed on a case by case basis.) (Note: If a student is transferring from another college or university, UNO requires a letter from the previous school stating how many semesters the student had used the exemption and their cumulative GPA to determine initial eligibility at UNO.) To maintain eligibility for the Fee Exemption, you must meet the criteria outlined below.

- 1) **Continuous enrollment as a full-time student during the academic year which is the Fall and Spring semesters. Full time enrollment is twelve (12) credit hours or more each semester. Summer full time enrollment is six credit hours or more.**
- 2) **Maintain a minimum 2.0 cumulative grade point average at all times.**
- 3) **Earn a minimum of 24 credit hours for the academic year Fall and Spring.**
- 4) **Receive these benefits (tuition, registration fee, room and board, and \$250 book allowance) for no more than 8 semesters. To receive the room and dorm benefit, the student must reside in the Pontchartrain Residence Hall. In no event shall any dependent be allowed more 8 semesters.**
- 5) **If you do not earn 24 credit hours during the end of the Spring term of the academic year, you may enroll for the following Summer semester at your own expense to earn the required credit hours for reinstatement the following Fall term in the subsequent aid year. If you do not meet the requirements at the end of the Summer term of enrollment, your eligibility for this program at UNO is permanently suspended. Other aid options may be available for the Summer term or upon final suspension through the Free Application for Federal Student Aid (FAFSA).**
- 6) **If you fail to meet the required 2.0 cumulative GPA, but however meet the 24 earned hours requirement, you may regain your eligibility for the program at UNO once you meet the GPA standard. You will not qualify for the funding and must pay at your own expense, although you may qualify for other aid options through FAFSA.**

As a recipient of the Children of Deceased/Disabled Policeman Tuition Fee Exemption, you are allowed to use your award for no more than eight semesters of schooling to earn **one bachelor's degree**. If you use your award during the Summer term, it will count toward semester eligibility. The full-time enrollment and cumulative 2.0 GPA requirements still apply.

Please review the above statements and if you understand and meet these requirements, sign and date at the bottom and return it to Office of student Financial Aid as soon as possible. (PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS AS WELL.)

*\*\*Note: I understand that falsification of any information or documents will result in removal of the award and the student will be liable for all benefits paid by this exemption.*

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Student's SSN \_\_\_\_\_

ID# \_\_\_\_\_

## Children of Deceased/Disabled Exemption APPLICANT INFORMATION FORM

**Student Information:** Name: \_\_\_\_\_ ID : \_\_\_\_\_

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

City State ZIP \_\_\_\_\_

Phone Number: \_\_\_\_\_

Proposed Enrollment Semester/Year: Check One

Summer \_\_\_\_\_  Fall \_\_\_\_\_  Spring \_\_\_\_\_

Are you transferring to UNO or coming as a guest student? \_\_\_\_\_

Date of Birth \_\_\_\_\_ **High School Graduate Date** \_\_\_\_\_

Have you ever been enrolled in college? Yes No

If yes, provide the name of the college and the dates of attendance.

Name of College/City State	Dates Attended	Degree Earned	Telephone #

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent's Information:**

Name of disabled or deceased parent: \_\_\_\_\_

Date of disability/death: \_\_\_\_\_

If disabled: "I certify that the above applicant is my natural or adopted son/daughter."

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: This form cannot be accepted from the student electronically.** Please attach letter and certificate from the appropriate pension board stating the effective date of the disability/death and return it to: Office of Financial Aid (Scholarships) 2000 Lakeshore Drive 1005 Administration Building New Orleans LA 70148  
 This form must be submitted before the census date (14<sup>th</sup> day of classes) of the desired semester. Forms submitted after the census date will be processed for the following semester.

\*Student should send a written request to the colleges noted above requesting Financial Aid to confirm the number of semesters the exemption has been used and other information that may be needed to verify information in this document (See next page). Please have college fax form to (504) 280-3973 or email to [scholarships@uno.edu](mailto:scholarships@uno.edu).

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only:** Date received \_\_\_\_\_

## Children of Deceased/Disabled Exemption APPLICANT INFORMATION FORM

If the student has attended any schools prior to their UNO enrollment, this information must be completed and verified from those schools. Please contact the Financial Aid office for each school and have them confirm in writing your dates of attendance and semesters the Children of Deceased/Disabled Exemption was used. This form must be received from each school attended before UNO can process the exemption.

To (School): \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID (School): \_\_\_\_\_

Student Email: \_\_\_\_\_

Student UNO ID: \_\_\_\_\_

Request: To be completed by Student	Reply
My current GPA	
My current class rank (Freshman, Sophomore, etc.)	
Am I on probation for any reason including meeting satisfactory academic progress?	
Have student withdrew from your University/College?	

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Request: To be completed by School	Reply
Name of Exemption student received	
Number of Semesters student used the Award	
Period of Time Award Used	
Name of Person Supplying the Information	
Title of Person Supplying the Information	
Contact Number of Person Supplying the Information	
Email of Person Supplying the Information	

**Please forward the following information to the University of New Orleans as soon as possible. This information may be faxed to UNO Scholarship Office at (504) 280-3973, or emailed to [scholarships@uno.edu](mailto:scholarships@uno.edu).**

Thank you,

School Signature \_\_\_\_\_

Date \_\_\_\_\_