



**Rhode Island State Police**  
**Training Academy**  
**P.O. Box 250, North Scituate, RI 02857-0250**



**REQUEST FOR APPLICATION FEE WAIVER**

A waiver may be granted if an applicant demonstrates a need based upon financial hardship.

**Applicant Name:** \_\_\_\_\_  
**Daytime Phone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**I am currently:**    **Employed**    **Unemployed**   **If employed, provide annual salary:** \$ \_\_\_\_\_

In accordance with the provisions of RIGL § 42-28-25(c), I request a waiver of the application fee and attest that I am an approved participant in one or more of the following programs. **Indicate participation in any of the programs below by checking any that apply.**

- Supplemental Nutritional Assistance Program (SNAP – formerly Food Stamps)**
- Temporary Assistance for Needy Families (TANF) / Rhode Island Works (RIW)**
- Unemployment Insurance (UI)**
- Women, Infants, and Children Program (WIC)**
- Child Care Assistance Program (CCAP)**
- Veterans Services**
- Supplemental Security Income (SSI)**
- Social Security**
- Other social services/social welfare program:** \_\_\_\_\_

*Program participation may be evidence of need but will not guarantee the granting of a fee waiver.*

**You are required to submit supporting documentation as proof of participation in the program(s) above.** Types of supporting documents include official receipts, check stubs or agency verification documents. Copies of documents will be allowed. *Please note that ID cards or member cards are not acceptable forms of documentation.*

Supporting documents must:

- Be dated within 12 months of application date.
- Be addressed to applicant.
- Verify that applicant received the assistance within 12 months of the application date.

**This completed form and required supporting documentation may be scanned and emailed to [training-academy@risp.gov](mailto:training-academy@risp.gov) or mailed to the address above via the U.S. Postal Service.**

I understand that approval for a fee waiver is solely within the discretion of the Rhode Island State Police Superintendent.  
 I understand that it is my responsibility to ensure that this Form and the required supporting documentation are provided as outlined above.  
 I understand that if I do not submit acceptable supporting documentation, my request for a fee waiver will be denied.  
 I understand that in order to submit a preliminary application, I must either be approved for a fee waiver. If my request for a fee waiver is denied, I must pay the required application fee.  
 I hereby declare under penalties of perjury that the statements made in conjunction of this request are true. I authorize the agency administering the benefits I have indicated above to release information sufficient to verify my claim should a question of authenticity arise regarding my request for a fee waiver.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date