

ATTACHMENT A

**MASSACHUSETTS DEPARTMENT OF HIGHER EDUCATION
OFFICE OF STUDENT FINANCIAL ASSISTANCE
75 Pleasant Street, Malden, MA 02148**

First Application	___
Upgrade	___

**POLICE CAREER INCENTIVE PAY PROGRAM APPLICATION
Fiscal Year 2019 (July 1, 2018- June 30, 2019)**

Department Name _____ Department Phone _____

Applicant Name _____ SS # _____

Applicant Date of Birth _____

Applicant Email _____ Applicant Daytime Phone _____

Home Address _____ City _____ State _____ Zip _____

Date Appointed as a Regular Full-Time Police Officer in the Department you currently serve _____

Present Rank _____ Date Attained _____ Present Base Salary \$ _____

Institution Awarding Degree _____ Incentive Level: AS 60+ BS MS JD

FOR AUTHORIZED USE ONLY

More information requested:

Type:

Date received:

Application: Approved ___ Not Approved ___ % Level: _____

Date: _____

Reason (s) / Comments:

___ Matriculated in CJ program and has been awarded 60 credits toward the degree

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EDUCATION SUMMARY

Attach original transcripts from each institution where degree credits were earned.

# of Credit Hours Earned	Institution where credit hours were earned	Dates Attended (From-To)	What program were you enrolled in at the time these credit hours were earned?	Did institution award you a degree? (Yes/No)	Title of Degree Earned	Date Degree Awarded/Expected	Transcript Enclosed [Check]