

ATTACHMENT A

**MASSACHUSETTS DEPARTMENT OF HIGHER EDUCATION
OFFICE OF STUDENT FINANCIAL ASSISTANCE
75 Pleasant Street - 3rd Floor, Malden, MA 02148**

First Application	_____
Upgrade	_____

**POLICE CAREER INCENTIVE PAY PROGRAM APPLICATION
Fiscal Year 2024 (July 1, 2023 - June 30, 2024)**

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: <u>AS</u> <u>60+</u> <u>BS</u> <u>MS</u> <u>JD</u>

FOR AUTHORIZED USE ONLY	
More information requested:	Application: Approved _____ Not Approved _____ % Level: _____
Type:	Date: _____
Date received:	Reason (s) / Comments: ____Matriculated in CJ program and has been awarded 60 credits toward the degree

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EDUCATION SUMMARY

Attach official 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]