POLICE CAREER INCENTIVE PAY PROGRAM APPLICATION

Fiscal Year 2027 (July 1, 2026 – June 30, 2027)

Massachusetts Department of Higher Education | Office of Student Financial Assistance
135 Santilli Highway, Everett, MA 02149

APPLICANT INFORMATION

Application Type: ☐ First Application ☐ Upgrade

Name: _____ SSN: _____ Date of Birth: _____
Month/Day/Year

Email Address: _____ Daytime Phone: _____

Home Address: _____
Street Number and Name City State Zip Code

DEPARTMENT INFORMATION

Department Name: _____ Phone: _____

Date Appointed as a Regular Full-Time Police Officer in the Department you currently serve: _____
Month/Day/Year

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

EDUCATION INFORMATION

Most Recent Institution Awarding Degree: _____

Incentive Level: ☐ AS ☐ 60+ ☐ BS ☐ MS ☐ JD

EDUCATION SUMMARY – Provide **official transcripts** from each institution where degree(s) were earned. Applications without official transcripts will not be processed.

# of Credits Earned	Dates Attended	Institution / Program Enrolled in	Title of Degree Earned (indicate N/A if none)	Date Degree Awarded/Expected

MA OFFICE OF STUDENT FINANCIAL ASSISTANCE USE ONLY

More Information Requested:
Type:

Date Received:

Application Status:

☐ Approved

☐ Not Approved

☐ _____% Level

Reasons / Comments:

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

☐ Other: