

**ATTACHMENT A**

**MASSACHUSETTS DEPARTMENT OF HIGHER EDUCATION  
OFFICE OF STUDENT FINANCIAL ASSISTANCE  
135 Santilli Highway, Everett, MA 02149**

First Application	___
Upgrade	___

**POLICE CAREER INCENTIVE PAY PROGRAM APPLICATION  
Fiscal Year 2025 (July 1, 2024 - June 30, 2025)**

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

<b>FOR AUTHORIZED USE ONLY</b>	
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]