

Nevada Governor's Office of the Western Regional Education Compact (Nevada WICHE)

Health Care Access Program (HCAP)

The State of Nevada is concerned over the growing number of medically underserved populations. "Medically underserved" are those individuals or areas in the state that struggle or are unable to receive adequate health care services. Therefore, to assist in meeting the state's health care needs, Nevada WICHE has financial support in the following fields:

FIELDS AND ANNUAL SUPPORT AMOUNTS <i>(Amounts are approximate and subject to change)</i>		
	Financial support per student, per year	Maximum Funding Duration
MENTAL HEALTH EXPANSION PROGRAM: <i>Application deadline: August 31st</i>		
Social Work – Master's Degree (MSW)	\$5,000	2 Years

PROGRAMS REQUIREMENTS:

- A. The above amounts are paid directly to the institution on your behalf and enable you to acquire your education at a reduced rate. You will still be responsible for the balance of any tuition and/or fees as determined by your institution.
- B. You must be a resident of Nevada for at least 1 year prior to applying to Nevada WICHE's programs.
- C. You must reside in Nevada and practice in your professional field in a medically underserved region or with a medically underserved population for up to two years upon completion of your education. Defaulting on the program's requirements may result in a penalty of triple principle plus interest of funds.
- D. You must repay 10% of the total financial support amount within 5-10 years after you graduate. Monthly loan payments commence one year after graduation or termination of studies. Repayment time frames depend upon the total amount owing upon graduation/termination of studies.
- E. You will be asked to obtain a guarantee/co-signor signature for the promissory notes. A parent, guardian, or other responsible party other than a spouse can be a guarantee/co-signor.
- F. The funds are competitive based upon acceptance by an educational program, availability of state funds, and/or an interview with WICHE.
- G. Application Deadlines: August 31st of the year entering the program. **Late applications will be accepted and placed under "alternate" status.**

If you are interested in further information or would like an application, contact the Nevada WICHE office at:

(775) 687-0991
100 N. Stewart Street, Suite 220, Carson City, Nevada, 89701
<http://www.nevadawiche.org>



NEVADA
**Western Interstate
Commission
for
Higher Education**

**Health Care Access Program (HCAP)
for
Master of Social Work**

INSTRUCTIONS FOR APPLICATION

1. Complete all sections of the application form. *Read the application carefully and answer all questions precisely. Do not forget to sign sections VI & VII. Print using black ink or type and mail to the address below.*
2. Sign the *Consent and Waiver* form (page 5).
3. Be sure to sign the attached *Loan Disclosure* form.
4. **Include a copy of your letter of acceptance** from the institution in which you will be enrolled to the Nevada WICHE office. *Awards will not be made without this letter.*
5. Be sure to apply proper postage or your application will be returned to you by the post office.
6. **NOTE: Funding for WICHE support is contingent upon annual appropriation by the State of Nevada and available funding.**

Deadline Date: August 31st

Applications must be received in our office by this date.

Applications received after this date will be accepted as “alternate” status for funding.

Mail or email application documents to:

**Nevada Western Interstate Commission for Higher Education (WICHE)
100 N. Stewart St., Suite 220
Carson City, NV
Phone: (775) 687-0991**

QUESTIONS FOR FUNDING SELECTION

Selection for funding will be largely based on your responses to the following questions. *Please complete the questions to the fullest extent and best of your ability.* If more space is needed than is provided below, you are encouraged to respond on and attach additional sheets.

- 1) List your prior work experiences (paid and/or volunteer) that are relevant to your application. Describe the types of settings in which you worked, the professions of persons with whom you worked, and the type of people you served.

- 2) After graduation, where are the communities or geographic areas in which you are interested in working and in what type of health care setting? What makes you choose this setting?

- 3) What are your long-range professional goals? What is your next major goal?

- 4) As an upcoming health care professional, what do you think are some of the most important issues in health care today? What are the service gaps in your field and how would you fill them?

- 5) Have you had any exposure to or experience with telehealth? What is your opinion of its effectiveness?

- 6) Why do you feel WICHE should accept you over other highly qualified candidates – what do you offer that others may not?

**CONSENT TO TRANSFER STUDENT RECORDS THROUGH
NEVADA WICHE'S HEALTH CARE ACCESS PROGRAM (HCAP)**

DESCRIPTION OF USE OF PERSONAL RECORDS: The Nevada Western Interstate Commission for Higher Education (WICHE) collects and uses information concerning student eligibility for its Health Care Access Program ("Program"); admission; enrollment; academic progress; graduation and/or termination from the professional Program; and payment of fees by the state through WICHE to the receiving school.

This information is exchanged between and among the staff and commissioners of Nevada WICHE office; the professional school(s) to which the student makes application and is admitted; and, State of Nevada agencies collaborating with the Program. The WICHE Commissioners or their delegates will review applications to consider eligibility of student(s).

Periodic accounting for its student programs in the state and in the region may result in publication of reports which may contain the student's name, home address, year of enrollment, enrolling institution, and money spent by the state to support the student's effort to reach an education objective.

NOTIFICATION CONCERNING STUDENT ACCESS TO PERSONAL RECORDS: Any student participant or applicant for participation in the Program has access to his/her personal records maintained as a part of the exchange activity. He/she may inspect and/or receive copies at a cost not to exceed the actual cost of reproduction.

CONSENT AND WAIVER

- I understand that it is necessary to process student records in order to carry out the purpose of the Program, providing access to educational opportunities for Nevada residents.
- I understand that the record-keeping process requires preparation, transmission, receipt, filing, and reporting of information appropriate to the effectiveness and continuity of the Program.
- I hereby consent to the transfer of personally identifiable educational records between and among the participants of the Program of the Nevada Western Interstate Commission for Higher Education to include the following:

Information concerning student eligibility, acceptance, and educational attainment.

Information concerning fees paid by the Nevada WICHE office to the receiving school.

Lists of applicants certified as eligible for support and their contact information.

Educational institution(s) applied to and attending.

Admissions reports, withdrawal reports, and annual reports for WICHE students.

Special letters of inquiry and response as required to address questions and concerns identified by Program participants.

- I understand that the information referred to herein will be available only to WICHE staff and commissioners, designated institutional officials, and state officials and collaborators as required to carry out their official duties.
- I further consent to the transfer of all or a portion of the above educational records to admissions offices and WICHE staff as required to accommodate the needs of

the Program provided that the officers receiving the information will not permit any other party to have access to such information without the express written consent of the undersigned.

- I hereby wave my right to receive specific notification of the transfer of such records. I understand that personally identifiable educational records will be used only to the extent necessary to carry out the purposes of the Program including reasonable research studies necessary to evaluate and improve the Program. Any general research report of information that might prove harmful or embarrassing will be included only when anonymity is preserved. Use of the information will be permitted only when, in the judgment of the Program Director or other designated staff member, the request for information is wholly consistent with my best interest and the purpose of the Program.
- I understand that a log will be maintained to identify access to my records, which is permitted pursuant to law, and this information will be available to me upon appropriate request. A locked file will be maintained for the regular storage and protection of personal educational and Program records.

Name _____
(Please print)

Signature _____

Social Security Number _____

Permanent Address _____
(Street)

(City) (State) (Zip)

Date _____