



STATE OF NEVADA

Western Interstate Commission for Higher Education

Professional Student Exchange Program (PSEP)

APPLICATION INSTRUCTIONS

1. Read the application carefully and answer all questions precisely.
2. Sign the Consent and Waiver form (page 5).
3. Sign and return the *Loan Disclosure* form for your field of study (separate printable form).
4. Include a copy of your letter of acceptance from the institution of choice if available.

Priority Deadline Date: October 15, 2019

Applications received after the deadline date will be accepted for all fields except Veterinary Medicine as “alternate” status for funding.

Mail or email application documents to:

**Nevada Western Interstate Commission for Higher Education (NV WICHE)
100 North Stewart Street, Suite 220 | Carson City, NV 89701**

Phone: (775) 687-0991 | Fax: (775) 687-0990

nwiche@gov.nv.gov

NEVADA PSEP FUNDING (ACADEMIC YEAR 2020 - 2021)				
Field of Study	Annual Support Fee	25% Loan at 1% Interest	75% Service Obligation Grant	Funding Duration
Occupational Therapy	\$14,300	\$3,575	\$10,725	2 Years
Physical Therapy	\$15,750	\$3,938	\$11,813	2 Years
Pharmacy (3-Year)	\$11,107	\$2,777	\$8,330	3 Years
Pharmacy (4-Year)	\$8,330	\$2,083	\$6,248	4 Years
Physician Assistant	\$18,650	\$4,663	\$13,988	4 Years
Veterinary Medicine	\$32,400	\$8,100	\$24,300	4 Years

NEVADA PSEP PROGRAM REQUIREMENTS:

- A. You must be a Nevada resident for at least one (1) year prior to applying.
- B. The above amounts are PAID DIRECTLY TO THE SCHOOL on your behalf and enable you to attend WICHE-participating schools at reduced tuition rates. You will still be responsible for the balance of tuition and fees as determined by your school.
- C. **You must return to/remain and reside in Nevada, and practice in the profession for which you received assistance** for the number of years you received financial assistance upon graduation. If you fail to do so, you must pay the total support amount back at 8% interest.
- D. Nevada PSEP supports students attending private in-state programs. Nevada PSEP does not support students attending public in-state programs.
- E. **You must repay 25%** of the total support amount as a loan at **1% interest** within 5-10 years after you graduate. Monthly payments commence one year after graduation or termination of studies. **Please sign and include the loan disclosure form for your field of study with this application.**
- F. You will be asked to obtain a co-signor signature such as a parent, guardian, or other responsible party.
- G. The program is competitive and selection is based upon rankings by the educational institutions.

Policy on Multiple Sources of Tuition Support for Students Enrolled in PSEP

A student enrolled through PSEP receives reduced tuition at public and private colleges or universities by their home state paying a support fee to the admitting school to help cover the out-of-state tuition costs. The student may obtain federal financial support to cover unmet tuition or related costs.

If a student receives federal support that pays full nonresident tuition (such as a military scholarship) and will have a service obligation to the government upon graduation, then the student should decline all WICHE support. Federal loans that can be used for a variety of educational expenses (tuition, fees, books, equipment, living expenses and the like) are not a concern in regard to WICHE support.

1. Which professional program are you applying for: _____ Beginning: **2020 - 2021**
2. How did you hear about WICHE's PSEP? _____
(i.e. Academic advisor, website, friend, relative, employer, practitioner, etc.)
3. Is this your first time applying for WICHE PSEP?
 Yes, this is my first time No, indicate the program and year you last applied: _____

PERSONAL INFORMATION

4. Last Name: _____ First Name: _____ Middle Name: _____
5. Email: _____ 6. Preferred Phone Number: _____
7. Current Address: _____ City: _____ State: _____ Zip Code: _____
8. Permanent Address: _____ City: _____ State: _____ Zip Code: _____
9. Birthplace (City/State): _____ 10. Spouse's Name: _____
11. Father's Name and Address: _____
12. Mother's Name and Address: _____

EDUCATIONAL INFORMATION

13. High school graduated from: _____ Location (City/State): _____ Year graduated: _____
14. College graduated from: _____ Location (City/State): _____ Year graduated: _____
15. If currently enrolled or admitted into a professional program, complete the following:
 School: _____ Field of study: _____ Year started: _____

16. List, in order of preference, the WICHE professional schools to which you are applying:

Name of School	City/State	Have you been accepted?
1. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> Pending
2. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> Pending
3. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> Pending
4. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> Pending
5. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> Pending

EMPLOYMENT

17. Employer Name: _____ 18. Job Title: _____
19. Employer Address: _____ City: _____ State: _____ Zip Code: _____
20. Length of Employment _____ yrs. _____ months

RESIDENCY INFORMATION

To qualify for residency for Nevada PSEP purposes, you must have been a bona fide resident of Nevada for at least 12 consecutive months prior to enrollment at a professional school. You may be required to provide supplemental proof of residency documents to the certifying authority if requested.

21. Are you a United States citizen or permanent resident? Yes No
22. Are you a legal resident of Nevada? Yes No (specify state) _____ Dates of residency (mm/yy) _____ - _____
23. Are your parent(s) / guardian(s) a legal resident of Nevada? Yes No Dates of residency (mm/yy) _____ - _____
24. Are you registered to vote in Nevada? Yes No 25. Did you vote in the last Nevada election? Yes No
25. Driver's License No. _____ Date Issued _____ State of Issue _____
26. I have been a legal resident of _____ County since _____ (month) _____ (year)
27. Have you been absent from Nevada for longer than one month within the last five years? Yes No

Please provide dates, locations, and reasons:

APPLICATION CERTIFICATION & STATEMENT OF INTENT TO PROVIDE SERVICE

I understand and agree to the following:

Upon fulfillment of my Nevada WICHE PSEP program, I will return and practice my profession in Nevada. I will provide one (1) year of practice in my profession for each year of Nevada WICHE PSEP support. I further understand that if I do not complete my service obligation, or do not complete my course of study, I will be liable to pay back the Nevada WICHE PSEP support I have received, plus interest and fees. I understand that continuation of the Nevada WICHE PSEP program is subject to legislative appropriation each year; therefore support may not be guaranteed annually.

I agree to allow Nevada WICHE to release my name, address and school to prospective employers or other prospective recruiting agencies, and to allow Nevada WICHE to use my name in publicizing the PSEP programs. Nevada WICHE may use information about my participation for internal or public reports, research studies, or statistical analysis on program effectiveness.

I certify that all statements and information provided herein are true and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

**CONSENT TO TRANSFER STUDENT RECORDS THROUGH THE STUDENT EXCHANGE PROGRAM
WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION**

DESCRIPTION OF USE OF PERSONAL RECORDS: The program collects and uses information concerning student eligibility for the 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 certifying office of the student's home state; the staff of the Student Exchange Program, Western Interstate Commission for Higher Education; and the professional school(s) to which the student makes application and is admitted. The WICHE Commissioners of the sponsoring state may also review applications to consider eligibility of student(s).

Periodic accounting for the Student Exchange Program 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 Student Exchange 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 Student Exchange Program, providing access to educational opportunities for residents of the western states.
- 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 in the Student Exchange Program of the Western Interstate Commission for Higher Education to include the following:

Information concerning student eligibility, acceptance, and educational attainment.

Information concerning fees paid by the sending state through WICHE to the receiving school.

Lists of applicants certified as eligible for support.

Admissions reports, withdrawal reports, and annual reports for WICHE Exchange 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 Student Exchange Program staff members, designated institutional officials, and sending state officials 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 officers and certifying officers as required to accommodate the needs of the Student Exchange 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 *waive* 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 Student Exchange 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 Student Exchange Program Director or other designated staff member, the request for information is wholly consistent with my best interest and the purpose of the Student Exchange 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 records.

Name _____

(Please print)

Signature _____

Permanent Address _____

(Street)

(City) (State) (Zip)

Date _____