



APPLICATION FOR EXTENSION OF SCHOLARSHIP EXPIRATION DATE

Student Name: \_\_\_\_\_ MSID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Pursuant to the Nevada System of Higher Education Board of Regents Handbook, Title 4, Chapter 18, Section 9.7.4, I hereby request a one-time extension to the expiration deadline of my Governor Guinn Millennium Scholarship.

Please check one:

I certify that I have been actively serving in the military in a branch of the United States Armed Forces  
I have attached supporting documentation of my military service (i.e. DD-214 (Discharge Orders)).

I certify that I have been actively serving or participating in a charitable, religious, or public service assignment or mission  
I have attached an official letter from the organization which I volunteered or other documentation stating the starting and ending dates of my service assignment or mission, which has been signed by an authorized representative of that organization.

I understand this application is available for students who qualified for the Governor Guinn Millennium Scholarship when they graduated from high school.

I consent that the military, service, or religious organization may be contacted to verify my length of service or assignment.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please mail this application and appropriate supporting documentation to:

**Director of Financial Aid, NSHE Administration Office, 2601 Enterprise Road, Reno, Nevada 89512**

\*Within 30 days of receipt of this form, you will be contacted regarding the status of your application.

<b>For NSHE System Administration Use Only:</b>	
Approved: ____ Yes ____ No	If not, state reason:
Entered by:	Title:
Date student notified:	Date sent to Treasurer's Office:
Date scholarship extended to:	By:
<b>For Treasurer's Office Use Only:</b>	
Date scholarship extended to:	By: