

**GOVERNOR GUINN MILLENNIUM SCHOLARSHIP PROGRAM**  
**Millennium Students with Documented Disabilities Form**  
Procedures and Guidelines Manual, Chapter 12, Section 6 and Section 12  
Board of Regents, Nevada System of Higher Education website: <http://nshe.nevada.edu>

This form may be used by Governor Guinn Millennium Scholarship (GGMS) students enrolled in a degree or certificate program at an eligible institution who are requesting to enroll with Governor Guinn Millennium Scholarship support in fewer than the minimum semester credit hours or an extension of the expiration date for funding. As stated in the Nevada System of Higher Education (NSHE) *Procedures and Guidelines Manual* governing the Governor Guinn Millennium Scholarship:

*Section 6 ... Students who have a documented physical or mental disability or who were previously subject to an individualized education program (IEP) under the Individual with Disabilities with Education Act, 20 U.S.C. §§ 1400 et seq., or a plan under Title V of the Rehabilitation Act of 1973, 29 U.S.C. §§ 791 et. seq. are to be determined by the institution to be exempt from the following GGMS eligibility criteria:*

- a. Six-year application limitation following high school graduation and the time limits for expending funds set forth in section 5; and*
  - b. Minimum semester credit hour enrollment levels set forth in sections 4 and 11.*
- Section 12 ... Students with Disabilities may regain eligibility under a reduced credit load ...*

**STUDENT SECTION:**

**Instructions**

**Step 1:** Complete this form with the Student Disabilities Officer of your institution. You **must recertify** with the Student Disabilities Office **each semester**.

**Step 2:** Submit this form to the Financial Aid Office of your institution.

**This form must be submitted prior to the end of the semester for which you are seeking funding or regaining eligibility.**

**Step 3:** The Financial Aid Office at the institution will submit this form and required documentation to the Governor Guinn Millennium Scholarship Program at the Office of the State Treasurer. Once approved, the Financial Aid Office of your institution will make payment from your scholarship for the coursework at that institution, unless you are currently ineligible. If you are currently ineligible for the scholarship, this form can be used to regain eligibility at a reduced credit load.

Name of Institution \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Permanent Address \_\_\_\_\_

SSN (Optional) \_\_\_\_\_ MSID # (Required) \_\_\_\_\_

Semester and Year of Request \_\_\_\_\_

If approved, I understand that I will be paid my Governor Guinn Millennium Scholarship for the number of approved credits at this campus at the appropriate per credit amount if I have maintained eligibility (payments will not be made to students who are currently ineligible):

- I must satisfactorily earn credit for all course work approved on the “Documented Disabilities” form.
- I must maintain a 2.60 semester GPA for my first year of enrollment if earning less than 30 credits. Starting in the semester in which I earn 30 or more credits, I must maintain a 2.75 semester GPA for every semester thereafter.
- Failure to meet the requirements of this agreement will result in my ineligibility for the scholarship. I must then follow the procedure for reinstatement. Losing eligibility a second time will permanently remove me from the program.

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

**DISABILITY RESOURCE CENTER SECTION:**

**For Reduced Credit Load Purposes:**

Semester and Year Approved: \_\_\_\_\_ Number of Approved Credits: \_\_\_\_\_ Regaining Eligibility?

**For Extension of Scholarship’s Expiration Date Purposes (optional):**

New Expiration Date: May 31 of Year \_\_\_\_\_

Disability Resource Official Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

**For Financial Aid Office Use ONLY:**

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ If not, state reason \_\_\_\_\_

Approved by: \_\_\_\_\_ Title \_\_\_\_\_

Date Sent to Treasurer’s Office: \_\_\_\_\_ Student Expiration Date: \_\_\_\_\_