

**Governor Guinn Millennium Scholarship Program  
Application for Extension of Scholarship Expiration Date**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Please Print or Type)*

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

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **MSID:** \_\_\_\_\_

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

Pursuant to the Nevada System of Higher Education Board of Regents Handbook Title 4, Chapter 18, Section 11.6.4, 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 – for example, DD-214 (discharge orders) – OR - a copy of activation orders – OR – Temporary Duty Assignment (TDY) orders.

**I certify that I have been actively serving or participating in a charitable, religious, or public service assignment or mission.**  
I have attached a letter or other documentation on letterhead 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 only for students who are currently eligible for the Governor Guinn Millennium Scholarship and I certify that I am currently eligible.

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

Please submit this application and appropriate supporting documentation to:

**Director of Financial Aid, NSHE Administration Office, 2601 Enterprise Road Reno, Nevada 89512  
FAX 775-784-1127**

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

Date: \_\_\_\_\_  
\_\_\_\_\_ *Student Signature*

**For NSHE System Administration Use ONLY:**

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

Entered By: \_\_\_\_\_ Title: \_\_\_\_\_

Date Student Notified: \_\_\_\_\_ Date Copy sent to Treasurer's Office: \_\_\_\_\_

Millennium Scholarship Extended by: \_\_\_\_\_ Years \_\_\_\_\_ Months

**For Treasurer's Office Use ONLY:**

Date Scholarship extended to: \_\_\_\_\_ By: \_\_\_\_\_