

**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 10.6.4, 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: _____