

NEW MEXICO HIGHER EDUCATION DEPARTMENT
WICHE Loan-for-Service Program
APPLICATION



The WICHE Loan-for-Service Program, also known as the Professional Student Exchange Program (PSEP) provides assistance to students to enroll in selected out of state professional programs, not offered in the State of New Mexico.

This is a service-based program, which requires a maximum of a three (3) year commitment to work full-time in the state of New Mexico. For educational programs less than three (3) years, there will be one year of service required for each year of funding.

General Eligibility Requirements:

- ✚ U.S. citizen or eligible non-citizen
- ✚ A resident who graduated from a New Mexico high school or resided in New Mexico for three consecutive years prior to application to the program.
- ✚ Attend an eligible public or private school listed at www.wiche.edu/sep/PSEP/ or attend the Baylor School of Dentistry in Dallas, Texas.
- ✚ declares the intent to practice in an eligible profession in the state of New Mexico

Eligible Professions:

- ✚ Dentistry
- ✚ Graduate Library Studies
- ✚ Optometry
- ✚ Osteopathic Medicine
- ✚ Podiatry
- ✚ Veterinary Medicine

Application Process: A complete application packet includes the following:

- ✚ Application
- ✚ Unofficial academic transcripts
- ✚ Proof of New Mexico Residency
- ✚ Letters of acceptance (upon receipt)
- ✚ Consent and Waiver Form
- ✚ Statement of Intent (Vet Med applicants only)

The application and all supporting documents must be postmarked by **October 15, 2007** and mailed to the following address:

New Mexico Higher Education Department
Financial Aid Division
1068 Cerrillos Road
Santa Fe, NM 87505

Selection Process: New students entering professional programs who meet the eligibility requirements will be certified by the New Mexico Higher Education Department. Certified applicants are then ranked by the Western Interstate Commission on Higher Education (WICHE). WICHE asks cooperating schools to rank all accepted students from a given state. The information is then compiled and funding is offered to the most qualified among the accepted students.

The total number of positions funded is determined by legislative appropriations secured for the program.

New students are given the highest priority for funding. Continuing students are considered after all new students with acceptances have been awarded.

Award Amounts: The WICHE Commission determines the annual support fees for each educational program. Each student is required to sign a contract agreeing to repay the support fees if they do not return to New Mexico to provide service after graduation.

It is important to note that the support fee is paid directly to your institution. If you enroll in a public institution, you will be charged resident tuition in exchange for the support fee. If you enroll in a private institution, you will pay the balance of full private tuition minus your support fee.

For further information, please contact a financial aid representative at **1-800-279-9777** or visit our website at <http://hed.state.nm.us>.

SECTION A – Applicant Information (Please print)

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Last Name: _____ First Name: _____ MI: _____

Previous name under which records may be kept: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Gender: ___ Female ___ Male

Ethnicity (Circle): ___ Caucasian ___ Hispanic
 ___ African American ___ Native American
 ___ Asian ___ Other
 ___ Decline to Answer

Have you applied for the WICHE Loan for Service assistance in the past? ___ Yes ___ No

If yes, what year(s) did you apply? _____

List two individuals with separate contact information who can be reached for your most current address.

1. _____
Name Relationship

_____ Street City State Contact number

2. _____
Name Relationship

_____ Street City State Contact number

SECTION B – Educational Information

What professional educational program are you pursuing? (Check One)

- Dentistry _____
- Graduate Library Studies _____
- Optometry _____
- Osteopathic Medicine _____
- Podiatry _____
- Veterinary Medicine _____

List the schools that you will be applying to for 2007-2008.

Order of Choice	Institution	Location
1 st		
2 nd		
3 rd		
4 th		
5 th		
6 th		

Please submit your letters of acceptance from each school upon receipt. Also, notify our office of your final choice by **April 15, 2008** by submitting the *College Acceptance Form*.

SECTION C – Certification

I understand that an application packet will not be considered complete unless the following documents are submitted:

- 1. **Application:** Complete and sign the 2007-2008 WICHE Loan-for-Service Program Application.
- 2. **Unofficial Academic Transcripts:** Submit all of your college academic transcripts along with your application.
- 3. **Proof of New Mexico Residency:** Complete the *Residency Verification* form and submit with your application. Attach high school diploma, driver's license, and a copy of your 2006 federal and state income tax return.
- 4. **Letters of Acceptance:** Submit your letters of acceptance from each school upon receipt. And, notify our office of your final choice by **April 15, 2008** by submitting the *College Acceptance Form*.
- 5. **Consent and Waiver Form:** Submit the signed consent and waiver form along with your application.
- 6. **Statement of Intent:** Veterinary Medicine applicants must also sign this form and submit with your application.

I understand that the original application must be postmarked by October 15, 2007.

I understand that acceptance into a professional education program does not guarantee acceptance into the WICHE Loan-for-Service Program.

I understand that all awards are subject to the availability of funds.

All the information on this application is true and complete to the best of my knowledge. If asked by the New Mexico Higher Education Department, I will provide proof of the information I have reported on this application.

Signature of Applicant Date

Statement of Intent to Provide Service in New Mexico

I affirm intent to practice in the state of New Mexico upon completion of my education and/or internship/residency. I understand that if selected to receive funding, I must fulfill the service requirements of this loan or repay the loan with interest and penalties as defined in the WICHE Loan-for-Service Agreement and in the New Mexico Administrative Code 5.7.21.

Signature Date

WICHE Loan-for-Service Program
 Award Year 2007-2008
Residency Verification Form

Attach copies of high school diploma, driver's license, and federal and state income tax returns.

Last Name: _____ First Name: _____ MI: _____

Name of High School you graduated from: _____

State where high school is located: _____ Graduation Date: ___/___/___

If you graduated from a New Mexico high school, complete this section.

List the date your residency began in New Mexico ___/___/___

List employment information for the previous year:

Employer	City/State	Dates of employment

Are you registered to vote in New Mexico? Voter registration number _____

Do you own a motor vehicle? If yes, license number _____ State _____

Driver's License or ID # _____ State _____

Did you file a New Mexico income tax return in the immediate preceding year? _____

If you did NOT graduate from a New Mexico high school, complete this section.

List the date your residency began in New Mexico ___/___/___

List employment information for the previous three years:

Employer	City/State	Dates of employment

Are you registered to vote in New Mexico? Voter registration number _____

Do you own a motor vehicle? If yes, license number _____ State _____

Driver's License or ID # _____ State _____

Did you file a New Mexico income tax return in the immediate preceding year? _____

WICHE Loan-for-Service Program
Award Year 2007-2008
College Acceptance Form

This form must be submitted by April 15th. Once legislative appropriations are secured, the New Mexico Higher Education Department will award offers. Typically students are notified as early as May 1st. Veterinary medicine applicants may receive notice of support prior to May 1st dependent upon available funding.

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Last Name: _____ First Name: _____ MI: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

I have reviewed all my offers to attend a higher education institution to pursue my professional education and have made the final decision to attend the following institution:

Name of Institution

City State

Signature of Applicant Date

WICHE Loan-for-Service Program
Award Year 2007-2008
Consent and Waiver Form

PURPOSE FOR REQUESTING STUDENT SIGNATURE ON CONSENT AND WAIVER FORM: Public Law 93-380, the Federal Family Educational Rights and Privacy Act of 1974, requires all who hold custody of student records to insure protection of personally identifiable information. Administration of WICHE Loan-for-Service Program requires the exchange of educational information about student applicants in order to provide for consideration of enrollment and transfer of funds by the state in the case of admission by the school. In order to facilitate exchange of necessary documents, the student applicant is asked to sign a "Consent and Waiver" statement.

Student willingness to sign a consent statement is not a requirement of participation in the program.

DESCRIPTION OF USE OF PERSONAL RECORDS: The program collects and uses information concerning student eligibility of 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 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 WICHE Loan-for-Service 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 and educational objective.

NOTIFICATION CONCERNING STUDENT ACCESS TO PERSONAL RECORDS: Any student participant or applicant for participant or applicant for participation in the WICHE Loan-for-Service 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 Statement

Please check each box after you have read the following statements:

I understand that it is necessary to process student records in order to administer the WICHE Loan-for-Service Program which provides 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 WICHE Loan-for-Service 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
- Support Agreement forms and invoices
- 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 the 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 WICHE Loan-for-Service 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 administer the WICHE Loan-for-Service 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 the request of information is wholly consistent with my best interests and the purposes of the program.

I understand that a log will be maintained to identify access to my records which is permitted pursuant to law, and thus 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)

Permanent Address

City, State, Zip

Signature

Date

WICHE Loan-for-Service Program
Award Year 2007-2008

STATEMENT OF INTENT

(To be completed by Veterinary Medicine applicants ONLY)

Certification for eligibility of WICHE support at all cooperating veterinary medical programs is based on the understanding that you are committed to remain in the degree program from the time of your first enrollment until completion of the course of study. Therefore, we have been requested to secure the following signed statement from each **New Mexico** certified veterinary medicine applicant:

As a certified WICHE applicant, I am aware that if the State of **New Mexico** undertakes payment of support fees to defray the cost of my veterinary medical education, I am, if admitted under the WICHE program, committed to pursue my studies in veterinary medicine as a supported WICHE exchange student without voluntary interruption until I have qualified for my degree.

STATEMENT OF UNDERSTANDING

I, _____, understand that offers for support will be made to certified WICHE applicants based on the availability of funding from each state. Offers will be made according to a collective ranking of students by the veterinary medicine schools participating in WICHE. Applicants are strongly encouraged to apply to all cooperating institutions to be considered for admission to any of them. If I choose to apply to fewer than all programs, I risk receiving less than full consideration for available funding.

Name (Please Print)

Permanent Address

City, State, Zip

Signature

Date