

**NEVADA PROMISE SCHOLARSHIP**  
**Students with Documented Disabilities Form**

Procedures and Guidelines Manual, Chapter 11, Section 3  
College of Southern Nevada, Nevada System of Higher Education website: <http://nshe.nevada.edu>

This form may be used by Nevada Promise Scholarship (NPS) students enrolled in a degree or certificate program at an eligible institution who are requesting to enroll with NPS support in fewer than the minimum full-time semester credit hour requirement 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 Nevada Promise Scholarship:

*Section 3 ... Students who have a documented temporary or permanent physical or mental disability or who were previously subject to an individualized education program (IEP) under the Individuals with Disabilities 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 NPS eligibility criteria:*

- a. The minimum number of credits required for eligibility; and*
- b. The limitation on the number of academic years a student may receive the scholarship.*

**STUDENT SECTION:**

**Instructions**

**Step 1:** Complete this form with the Student Disabilities Officer of your institution, prior to the end of the semester for which you are seeking funding. You **must recertify this determination** with the Disability Resource Center (DRC) **each semester**.

**Step 2:** The DRC Office will send the form directly to the CSN Financial Aid Office, where the scholarship award will be processed.

**Should you begin the semester under regular funding criteria and then submit this form after receiving the scholarship, funding may be reduced and any applicable refund will be returned to the NPS account.**

**If it is determined that circumstance leading to changes in your documented disability require that you reduce your credit load after this form has been processed, you may request a revision do be done on a case-by-case basis, provided the conflicting semester has not ended.**

Name \_\_\_\_\_

NSHE ID \_\_\_\_\_

High School Graduation Year: \_\_\_\_\_

If approved, I understand that I will be paid my Nevada Promise Scholarship in the amount equal to the eligible fees on my account if I have maintained eligibility. I further understand:

- I am responsible for maintaining eligibility under CSN's Satisfactory Academic Progress policy.
- If approved, this Form will only exempt me from the two requirements stated in the relevant NSHE policy, above.
- Once approved, I must continue to maintain applicable eligibility requirements discussed here <https://www.csn.edu/promise/eligibility>
- As stated previously, this form must be submitted prior to the end of the semester in which you are seeking funding.

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

**DISABILITY RESOURCE CENTER SECTION:**

By completing this form, you are certifying that the student meets the criteria established in the relevant NSHE guidelines stated above, in bold italics.

**For Reduced Credit Load Purposes:**

Semester and Year Approved: \_\_\_\_\_ Number of Approved Credits \_\_\_\_\_  
(Form only necessary if less than 12): \_\_\_\_\_

Disability Resource Official Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**For Financial Aid Office Use ONLY:**

Award amount: \_\_\_\_\_ Student Expiration Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Title \_\_\_\_\_