

NEW MEXICO HIGHER EDUCATION DEPARTMENT



For NMHED Use Only

APPROVED **DENIED**

Program Manager Initials _____
Date: _____

APPROVED **DENIED**

Financial Aid Director Initials _____
Date: _____

LOAN FOR SERVICE WORK SITE APPROVAL FORM

SECTION 1: General Information (to be completed by borrower)

First Name: _____ Last Name: _____ MI: _____

Previous Name under which records may be kept: _____

Loan-for-Service Program Name: _____

Last four digits of SS#: _____ Birth Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Primary Email: _____

***NMHED will send the majority of communication via email. Please ensure your email address is accurate.**

Graduation Date: _____ Degree Completed: _____

University/College Name: _____

****Please attach a copy of your driver's license and a copy of your professional license/certificate (i.e. medical license, nursing certificate, teaching license etc.)**

I hereby authorize release of the information requested in Section 2.

Signature

Date

SECTION 2: Employment (to be completed by employer)

Name of Employee: _____ Job Title: _____

Employment Start Date: _____ Employment End Date (if applicable): _____

Average Number of Hours Worked Per Week: _____

(If under 36 hours, please provide copy of work schedule along with a written request to have your service obligation extended. The request should explain the circumstances for working under the obligated 36 hours weekly required for all Loan-For-Service Programs. The request may be emailed to fin.aid@state.nm.us for review.

Facility Name: _____

Facility Address: _____

City: _____ County: _____ State: _____ Zip: _____

Name of Person Completing Form: _____

Title of Person Completing Form: _____ Phone Number: _____

Employer Email Address: _____

Please check all boxes that apply to the Institution/Organization/Facility:

- Facility located in a Rural Area of New Mexico
- Non-Profit Organization *(if checked, please attach a copy of the IRS 501(c) 3 verification)*
- Government, County, or Indian Health Services Owned Facility
- Privately Owned Facility
- Sliding Fee Scale Facility (please attach copy)

I _____ hereby certify that the information on section 2 of 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 given on section 2 of this application. I understand all information can and will be used in a legal capacity if necessary.

Employer Signature

Date

***Please attach on letterhead an official letter verifying employment from the Human Resources Department.**

* The New Mexico Higher Education Department reserves the right to contact the employer to verify any information reported on this form.

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SECTION 3: Consent Waiver

Designation of Authorized Representative

I hereby authorize the following to disclose to the New Mexico Higher Education Department my last known address, postal and residential, and the name and address of my employer, if known:

(1) United States Internal Revenue Service (2) Bureau of Revenue of any state in which I have filed tax returns; (3) United States Postal Service; (4) United States Department of Health, Education and Welfare; (5) United States Social Security Administration; (6) any branch of the United States military service in which I have served; (7) Department of Motor Vehicle of any state in which I am licensed or an the registered owner of a vehicle ; and (8) all other institutions, agencies, employers, and individuals, public or private.

I hereby designate the New Mexico Higher Education Department as my authorized representative for the purpose of requesting and obtaining such information and I waive on behalf of myself and any persons who may have an interest in the matter, all provisions of law relating to the confidentiality of any information so disclosed, specifically including, but limited to, the Federal Privacy Act of 1974, as amended.

This authorization form is freely given in consideration of funds advanced to me by the above agency.

This authorization shall expire upon completion of my obligation with NMHED.

Borrower Signature: _____ Date: _____

Last four digits of your SS#: _____

SECTION 4: To be completed by a Notary Public

State of New Mexico
County of _____

This instrument was acknowledged before me this _____ day of _____ 20____

by _____
(name of person)

(Seal)

Signature of notarial officer

My commission expires: _____

SECTION 5: Checklist and Document Submission Information

Please ensure your packet contains the following documents:

- Sheet #1 containing Section 1 Participant information. All fields must be complete;
- Sheet #2 containing Section 2 Employer information. All fields must be complete;
- Sheet #3 containing Sections 3 and 4, Consent Waiver and Notary Public information. All fields must be complete;
- Copy of your driver's license;
- Copy of your professional license/certificate (ie medical license, nursing certificate, teaching license etc.);
- Official letter on letterhead from the HR department verifying employment, profession, start date, and hours worked weekly;
- Copy from HR of work schedule and written request for extension of service obligation (**submit only if hours worked per week is under the contracted 36 hours**);
- Sliding fee scale (if applicable).

The complete packet should be scanned and emailed to the New Mexico Higher Education Department, Financial Aid Division at fin.aid@state.nm.us. Please put "**Last Name, First Name, WS**" in the subject line of the email.

Upon completing one year (12 months) of your service obligation, you must complete and submit an Employment Verification Form (EVF) on or within 14 days of your employment anniversary date. The anniversary date is based on the employment start date provided in section 2 by your employer.

It is solely the responsibility of the borrower to submit all necessary documents in a timely manner. The Financial Aid Division does not send out reminders regarding submission dates.

Please keep a copy for your records.

If you have any questions regarding the submission of your packet, you may contact our office at 1-800-279-9777 or you may send an email to fin.aid@state.nm.us.