

Maryland Higher Education Commission
Office of Student Financial Assistance
6 North Liberty Street, Ground Suite
Baltimore, MD 21201
(410) 767-3300; (800) 974-0203
TTY for the Deaf - (800) 735-2258
www.mhec.maryland.gov

Non-resident Tuition Reduction and State Aid Program for Nursing Students Institutional Certification Academic Year 2024-2025

Section A - Release: (To be completed by the applicant)

Last Four Digits of Social Security Number: _____ Date of birth: _____/_____/_____
Last name: _____ First name: _____ MI: _____
Address: _____
City: _____ State: _____ Zip code: _____ Email: _____

Section B - Institutional Certification: (To be completed by the institution.)

I certify that the applicant listed below is approved to participate in the Nonresident Tuition Reduction and State Aid Program for Nursing Students. I also certify that the applicant named below is enrolled in the nursing program at this institution.

Name of institution: _____
Tuition reduction begins: semester _____ year _____
Applicant name: _____
Type of nursing program/major: _____
(LPN, RN, ADN, BSN)
Anticipated graduation date: _____
(Month/Year)

Signature of certifying official (*Electronic Signature Acceptable; Typed Signature Prohibited*) _____ Date _____
Title of certifying official _____ Telephone number _____

Institution Officials: Please complete and return this form to the student.

MDCAPS SECURE DOCUMENT UPLOAD

SUBMIT THIS FORM TO MHEC ONLINE THROUGH YOUR MDCAPS ACCOUNT. LOG INTO MDCAPS, SELECT "ELECTRONIC FILE UPLOAD" FROM THE HOMEPAGE, AND FOLLOW THE PROMPTS TO BEGIN THE UPLOAD PROCESS.