WICHE PSEP LOAN-FOR-SERVICE APPLICATION 2026-2027

The Western Interstate Commission for Higher Education (WICHE) Program, also known as the Professional Student Exchange Program (PSEP) provides financial assistance to students to enroll in selected out-of-state healthcare professional programs not offered in Guam.

This is a service-based program, which requires a minimum of a five (5) year commitment to practice your healthcare profession full-time in Guam upon graduation.

General Eligibility Requirements:

- U.S. citizen
- Police and Court Clearance
- Graduation from an accredited Guam high school or a resident of Guam for five consecutive years prior to application to the program (proof required)
- Enroll in a cooperating public or private program listed at www.wiche.edu/tuition-savings/psep/institutions/
- Declare your intent to return to Guam after graduation and practice in your healthcare profession for a minimum of 5 years.

Guam Eligible Professions:

• Allopathic Medicine	• Dentistry	• Occupational Therapy	• Optometry	• Osteopathic Medicine
• Physical Therapy	• Pharmacy	• Physician Assistant	•Podiatry	• Veterinary Medicine

Instructions on how to submit the application packet:

1. Complete the fillable application.
2. Save application and all attachments.
3. Attach application and completed forms to an email.
4. In the subject line of your email, please include: your first name, last name, WICHE 2025/2026
5. Email the completed application and forms in one email to psep@guamcc.edu

The complete application packet must be **received** via email by **5:00PM CHST on October 15, 2025.** Late applications will not be accepted.

Selection Process: New students entering professional programs who meet the eligibility requirements will be certified by the Guam Community College. GCC and WICHE will monitor offers of admission for the applicant pool. If funding is limited, WICHE may seek rankings from cooperating programs, in an effort to offer funding to the most qualified among the applicants with offers.

The total number of positions funded is determined by the amount of funding 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 Guam to provide service upon graduation. The support fee is paid directly to your institution. Participants are responsible to pay the difference between WICHE support fee award and full tuition and fees of the institution. If you enroll in a private institution, you will pay the balance of full private tuition minus the support fee.

APPLICATION FOR CERTIFICATION
PROFESSIONAL STUDENT EXCHANGE PROGRAM (PSEP)

DO NOT WAIT TO APPLY. For priority consideration, completed applications must be received by October 15th of the year preceding enrollment in your professional program (i.e., October 15, 2025 for Fall 2025 enrollment).

Completed applications include:

✓*Application for Certification*
✓*Application for Resident Student Status – You must provide supporting documentation of your Guam residency status.*
✓*Consent & Waiver Form*

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1. *Applicant Information:*

Name:
_____
Last First Middle

Present Address:
_____

Permanent Address *(if different than above):*
_____

Email Address: _____ Telephone/Cell Number(s): _____

Gender: ☐Male ☐Female ☐Other: _____

Ethnicity: _____ (For statistical purposes only relating to program evaluation.)

I hereby certify that the information contained on this application and in the Application for Resident Status are true and correct. I understand that application to the Professional Student Exchange Program is not a guarantee of admission or receipt of PSEP funding. I understand that funding is limited for PSEP and therefore, not all eligible applicants may be funded.

_____ _____
Signature of Applicant *Date*

2. *Have you received funding from the Professional Student Exchange Program in the past?*
   □ ***YES*** □ ***NO***

3. ***Which <u>PROFESSIONAL</u> healthcare field(s) you are applying to (select all that apply)?***

   ☐ Allopathic Medicine
   ☐ Dentistry
   ☐ Occupational Therapy
   ☐ Optometry
   ☐ Osteopathic Medicine
   ☐ Pharmacy
   ☐ Physical Therapy
   ☐ Podiatry
   ☐ Optometry
   ☐ Veterinary Medicine

4. *I plan to begin my studies **<u>beginning</u> Fall _____** (year).*

5. *What program year in your <u>PROFESSIONAL</u> program of study will you be entering at that time?*
   ☐ *Year 1* ☐ *Year 2** ☐ *Year 3** ☐ *Year 4**

   **NOTE: Students certifying as an enrolled student for the first time (in program years 2, 3 and 4) will be considered alternate candidates.*

6. ***List the WICHE PSEP cooperating program(s) to which you are applying. For an up-to-date list, visit www.wiche.edu/tuition-savings/psep/institutions . If you are applying to several professional fields, specify which field belongs to which programs.***

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GUAM COMMUNITY COLLEGE

Application for Resident Student Status

WICHE Applicant Information (Please Print)

Last Name: _____ First Name: _____ MI: _____

Previous name under which records may be kept: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Primary E-mail Address: _____

*All communication will be sent via email

Secondary E-mail Address: _____

Gender: ☐Male ☐Female ☐Other _____

Ethnicity (check one): ☐Chamorro ☐Pacific Islander ☐Hispanic /Latin ☐African American

☐Asian ☐Caucasian ☐Other (Please Specify) _____

Citizenship Status (check one): ☐US Citizen ☐Freely Associated States

☐Other (Please Specify) _____

Have you been convicted of one or more violations of law (e.g., felony, misdemeanor, etc.)? ☐Yes ☐No

List two individuals with separate contact information who may be reached for your most current contact information, if needed.

1. _____
   Name Relationship Email Address

   _____
   Street City State Contact number

2. _____
   Name Relationship Email Address

   _____
   Street City State Contact number

List all institutions of higher education that you have attended during the last three years, their location (city/state or territory) the dates of attendance at each, and whether you paid a resident or nonresident tuition (indicate N/A on the line if no distinction was made by the institution).

Institution/Location	Dates of Attendance	Resident or Nonresident
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of school you will be attending in the next academic year: _____

Have you applied for the WICHE PSEP Loan-for-Service assistance in the past? ☐ Yes ☐ No

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

Have you ever been denied for the WICHE PSEP Loan-for-Service in the Past? ☐ Yes ☐ No

If yes, what year was your application denied: _____

Resident Student Status

I claim Guam residency for tuition purposes because (check the section(s) under which you qualify and supply all information requested for the applicable section):

☐ a. I am a person whose custodial parent, guardian, or parent(s) has been a legal resident of Guam for 5 years prior to the beginning of the academic term.

Name of custodial parent or guardian _____

Address (last 5 years) _____

☐ b. I am 18 years of age or older and have been a legal resident of Guam for 5 years prior to the beginning of the academic term.

Address (last 5 years) _____

☐ c. I am a full-time active-duty member of the armed forces, a member of a Guam national guard unit, or a member of the armed forces reserve component stationed in Guam.

Branch _____ Installation _____

Expected date of termination of that assignment _____

☐ d. I am a spouse or a dependent of a full-time active-duty member of the armed forces, or a member of a Guam national guard unit, or a member of the armed forces reserve component stationed in Guam. **(If you are a dependent child, attach the first page of your parent's most recent federal income tax return.)**

Name of spouse or parent _____

Branch _____ Installation _____

Expected date of termination of that assignment _____

☐ e. I was a legal resident of Guam for at least 5 consecutive years within 6 years prior to the beginning of the academic term for which I plan to enroll (complete this section only if you do not qualify under one of the above sections).

List all places and dates of residence during the past 6 years: _____

I hereby certify that the foregoing answers to the above questions are to the best of my knowledge and belief, true and correct; and that they accurately reflect my status at the present time. I understand that additional documentation may be required to establish my residency.

_____ _____

Signature of Applicant Date

Applicants are encouraged to keep a copy of all PSEP application documents for their records.

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's 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/territory; 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/territory 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 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 and agree to 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.

☐ I understand by signing all statements and signature sections electronically, my electronic signature is the legal equivalent of my manual/handwritten signature on this application. I further agree that my signature on this document (hereafter referred to as my "E-Signature") is as valid as if I signed the document in writing. I also agree that no certification authority or other third-party verification is necessary to validate your E-Signature, and that the lack of such certification or third-party verification will not in any way affect the enforceability of my E-Signature or any resulting agreement between the Guam Community College Scholarship Office and me.

Name of Applicant (please print): _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail Address: _____

_____ _____

Signature of Applicant Date

Applicants are encouraged to keep a copy of all PSEP application documents for their records.

PROGRAM ACCEPTANCE FORM

Due April 1, 2026

(PLEASE DO NOT INCLUDE THIS FORM WITH YOUR APPLICATION PACKET.)

This form, along with copies of all offer letters, must be submitted to the GCC Scholarship Office by April 1, 2025. Once funding is secured, the Guam Community College will award offers. Typically, students are notified as early as May 1st. Veterinary medicine applicants may receive notice of support prior to May 1st, depending upon available funding.

I, _____, have reviewed all my offers and have made the final decision to attend the following institution:

Name of Institution: _____

Field of study: _____

City/State where institution is located: _____

Signature: _____ Date: _____

Please email the College Acceptance Form and copies of all offer letters directly to:

GCC Scholarship Office
WICHE Office for Guam
psep@guamcc.edu

Verification of United States Citizenship
for participation in the
Guam WICHE Professional Student Exchange Program

Guam Statutes regarding eligibility for participation in the Guam WICHE Professional Student Exchange Program (PSEP) require that all applicants for financial aid subsidies paid in whole or in part from state monies must prove that they are United States citizens. Therefore, in order to be certified as eligible to participate in the Guam WICHE PSEP, you must provide copies of required documentation to verify your U.S. citizenship.

At the present time, applicants are requested to provide a *copy* of the required documentation. However, if requested, be prepared to mail or bring in the *original* document(s), which will be returned to you.

Acceptable Documents for Verifying United States Citizenship

The following is a list of acceptable documents to verify an applicant's U.S. citizenship:

- **Copy of Birth Certificate and copy of photo ID** showing birth in the United States, which includes Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swains Island, or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
- **Copy of U.S. Passport** (current or expired) - unless stamped non-citizen national
- **Copy of U.S. Social Security card and copy of photo ID** Issued by the Social Security Administration
- **Copy of Voter's Registration Card and copy of photo ID**
- **Copy of Certificate of U.S. Citizenship** (Form N-560 or N-561) Issued by USCIS through a federal or state court or through administrative naturalization after December 1990
- **Copy of Certificate of Naturalization** (Form N-550 or N-570) Issued by USCIS
- **Copy of Affidavit of Birth and copy of photo ID**
- **Copy of Tribal Certificate of Indian Blood and copy of photo ID**
- **Copy of Consular Report of Birth Abroad and copy of photo ID** (Form FS-240) Issued by State Department
- **Copy of Certificate of Birth from Foreign Service Post and copy of photo ID** (Form FS-545) Issued by State Department
- **Copy of Certification of Report of Birth and copy of photo ID** (Form DS-1350) Issued by State Department
- **Copy of Unexpired Foreign Passport with U.S. Visa,** with I-551 stamp or attached
- **Copy of U.S. Military DD-214 documentation with copy of photo ID**
- **Copy of ID Card for active duty, reserve or retired**
- **Copy of U.S. Armed Forces Driver's License**
- **Copy of U.S. Military card or draft record**
- **Copy of Military dependent's ID card with photo ID**

Note: The photo ID requirement can be met by providing a legible copy of your driver's license.

IMPORTANT: We cannot process your application without verification of your United States citizenship. Remember to provide copies of the is our verification with your application.

Guam Community College, 1 Sesame Street, Mangilao, Guam 96913
Email: psep@guamcc.edu | Phone: (671) 735-5641 Ext. 5573 | www.guamcc.edu