

MID MARYLAND HEALTHCARE CONSORTIUM

FREDERICK COMMUNITY COLLEGE Term: _____

Student Name: _____ ID # _____

Address: _____

County: _____ State: _____ Phone Number _____

☐ **Surgical Technology**

☐ **Nuclear Med**

☐ **Respiratory Care**

☐ **Bioprocessing**

And I reside in:

☐ **Howard County**

or

☐ **Carroll County**

Cashier: Verify degree Student Post > Waiver> Mid MD Healthcare>by term

I certify that I am a State of Maryland resident and I am enrolled in one of the degree or certificate program listed above and I am applying for the Health Manpower Shortage Act (MHEC) to assist me with my tuition. I understand that MHEC will pay the difference between the in-county/out of county tuition rates on my behalf as long as I meet all the criteria's listed:

- 1) I am enrolled in only courses that count towards the completion of my FCC degree/certificate.

- 2) I understand that if I drop any class(es) after the 100% refund period ends I will no longer be eligible to receive the benefit for that class(es) and my account will be adjusted and I will be responsible to pay FCC directly for any outstanding debt. _____
- 3) I agree that if it is determined at any time I am not eligible I will pay FCC directly for any outstanding changes. _____
- 4) I understand that my classes have to be verified by a counselor each semester before my charges will be adjusted. _____
- 5) I understand that the out of county charges will remain on my account until such time that the State of Maryland is billed. _____
- 6) I understand that if at any point, the State of Maryland no longer funds the MHEC program, I will be responsible for paying the out of county tuition rates. _____

Signature of Student

Date

Mid Maryland Healthcare (MHEC)

FCC Counseling and Advising

Term: _____

Return to Cashiers by: _____

Student ID _____

Name: _____ **Degree Major** _____

List of classes registered this term that pertain to FCC Degree program:

Counselor Signature

Date: _____