Mail to: PO Box 95165 Delivery: 215 Centennial Mall S, Suite 400 Lincoln, NE 68509 Lincoln, NE 68508

Questions? Contact us at nbea.office@nebraska.gov or on the web at ea.nebraska.gov

Phone: 402-471-2021

Fax: 402-471-0787

ARCHITECTURAL EDUCATION DEBT REIMBURSEMENT REQUEST

- This application is for individuals requesting educational debt reimbursement from the Nebraska Board in accordance with Neb. Rev. Stat. §81-3432.01
- To qualify for the reimbursement you must have:
 - ${\it 1.~Graduated~from~a~NAAB-accredited~architectural~program~in~Nebraska;}$
 - 2. Established an NCARB record for the purpose of documenting architectural work experience; and
 - 3. Qualifying educational debt consisting of governmental or commercial loans obtained for post-secondary education tuition, other educational expenses, and reasonable living expenses as determined by the Nebraska Board.
- · The reimbursement request form must be received within one year of graduation.
- · Allow eight weeks from receipt for processing.

1. Full Legal Name (including	full middle name)	Maiden or Former Name (if applicable)
•		() ()
Full Social Security Number	r (required for reimbursement)	
3. Mailing Address:		
F. II. 1. 1. 1. (:Cl. :		
Full Legal Name (if busines	s)	
Mailing Address		
City, State, Zip Code		Email Address
Telephone		Alternate Telephone
Fax		<u> </u>
AXP Record Number:		5. Date enrolled in AXP:
Degree Received:		
. Date of Graduation:		8. Institution:
. Do you have qualifyin	g educational debt? ☐ Yes ☐ No	
0. For the purpose of com	aplying with Neb. Rev. Stat. §§ 4-108	3 through 4-114, I attest as follows:
I am a citizen of the U	nited States, OR	
☐ I am a qualified alien ι	under the federal Immigration and Na	ationality Act, my immigration status and alien number are
		_, and I have enclosed a copy of my USCIS documentation.
haraby attact that my room	nance and the information provided a	on this form and any related application for public benefits are true,
	-	nay be used to verify my lawful presence in the United States.
Signature of Applicant		Date

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