



State of Wisconsin Higher Educational Aids Board

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Wisconsin Hearing/Visually Handicapped Program

Student Name _____ Social Security # _____
 Address: _____ Date of Birth _____
 _____ County of Residence _____

I have resided at this address since (month and year) _____.
(If less than one year, use the back of this form to list residence information for the last 5 years.)

High School _____
 Name City & State Year Graduated

I plan to enroll at _____
 Name of Institution City & State Enrollment term
 (month & year)

Check student status: Undergraduate Graduate

Have you previously received a grant under this program? _____

Parent/Guardian _____ Resided here since (month & year) _____
 (Address) _____ Telephone # () _____

 Student Signature Date () Telephone Number

General Information

The Handicapped Student Grant Program was established to provide funding for undergraduate Wisconsin residents with a severe or profound hearing or visual impairment. Applicants must demonstrate financial need and be enrolled at least half-time at an in-state or eligible out-of-state public or independent higher education institution. For further details, please contact Sandra Thomas at (608) 266-0888 or e-mail to Sandy.Thomas@wisconsin.gov.

- ◆ Financial need is determined by the Financial Aid Administrator at the institution in which you enroll.
- ◆ The degree of hearing or visual impairment must be certified for first-time applicants.
 - Use the space on the back of this form for certification or attach a current audiogram or eye report.
 - Certification is not required if you have previously been awarded a grant under this program.
- ◆ The maximum award per academic year is \$1800.

(Use back side of this form for examination certification)

