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)

Handicap Grant Form (Rev. 9-02)
Hearing/Visual Loss Certification - (To be completed and signed by examiner)

Visual Loss - Is the corrected vision 20/200 or less in the better eye? _______
Is the field of vision restricted to 20 degrees or less? _______

Hearing Loss - Is the hearing loss 40 decibels or greater in the better ear? _______

Other medical information that should be considered to determine eligibility for this grant.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

EXAMINER NAME ___________________________ Examiner signature

Medical facility ____________________________

Address ____________________________ Date of exam ____________________________

Telephone # ( )

To be forwarded by examiner to: State of Wisconsin
Higher Educational Aids Board
P. O. Box 7885
Madison, WI 53707-7885

Additional student residence documentation:

| Address (Street address, city, state & zip) | Dates of Residence (month & year) |
|_________________________________________|-------------------------------|
| ________________________________ | _________ to _________ |
| ________________________________ | _________ to _________ |
| ________________________________ | _________ to _________ |
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