



# State of Wisconsin Higher Educational Aids Board

**Tony Evers**  
Governor

P.O. Box 7885  
Madison, WI 53707-7885  
E-Mail: HEABmail@wi.gov

Telephone: (608) 267-2206  
Fax: (608) 267-2808  
Web Page: <http://heab.wi.gov>

**Connie Hutchison, PhD**  
Executive Secretary

## Wisconsin Veteran's Grant for Private Non-Profit Schools

This grant is available to Wisconsin residents who are attending a Wisconsin Private Non-Profit school of higher education. You must be enrolled in a bachelors, or graduate degree program, and maintain a GPA of at least 2.0 or better. Student eligibility of this grant is for a period of no more than 128 credits, 8 semesters, or 8 sessions.

Please complete the following steps to apply:

1. Click on <https://dva.wi.gov/Pages/educationEmployment/WIVSAG.aspx> and follow the instructions.
2. Complete the **Student Section** below & sign.
3. Forward the completed application to the Veteran's Certifying Official at the financial aid office at the college that you are attending.
4. **Veteran's Certifying Official/Financial Aid Office:** please complete your section and forward to HEAB at the address listed below:

Wisconsin Higher Educational Aids Board  
Veteran's Grant PNP  
PO Box 7885, Madison, WI 53707-7885  
Fax: (608) 267-2808

If you have any questions, please contact Charlene Sime at: [charlenek.sime@wi.gov](mailto:charlenek.sime@wi.gov) or by phone (608) 266-0888

### Student Section

Academic Year: 20\_\_ - 20\_\_ Current Student Status:  Undergraduate  Graduate

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
*Last First*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

I have resided at this address since: \_\_\_\_\_ *If less than 5 years, please complete residency determination form.*  
*Month Year*

High School Attended: \_\_\_\_\_  
*Name of High School City State Graduation/GED date*

I plan to Attend: \_\_\_\_\_  
*Name of College/Institution City State Enrollment Term*

### Have you had veteran tuition remission at the UW or Wisconsin Technical Colleges? (maximum of no more than 128 credits, 8 semesters, or 8 sessions total)

Yes  No If yes, where: \_\_\_\_\_ and when: \_\_\_\_\_

### STUDENT STATEMENT (IMPORTANT – READ CAREFULLY)

I declare that the information given by me on this form is true, correct, and complete to the best of my knowledge. If granted assistance, I will use it only for educational expenses and purposes. I agree that this information may be shared between the Bureau of Veterans Affairs, WI Higher Educational Aids Board, and the school I attend. I further agree that I will apply for any financial aid available to me. The Financial Aid Office will complete their portion of this form and will provide HEAB with my semester grades at the end of each semester or session. It is my responsibility to maintain a GPA (grade point average) of 2.0 or more to qualify for the grant.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_, \_\_\_\_\_ SSN #: \_\_\_\_\_  
 (last, first)

**Veteran's Certifying Official/Financial Aid Office Section**

School Name: \_\_\_\_\_  New Student or  Continuing Student

Budget Period: \_\_\_\_\_ to \_\_\_\_\_ Year in School: \_\_\_\_\_ Status:  Full-time  Part-time  Special

Expected Degree:  AA  BA/BS  MA/MS  Other \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Living:  On Campus  Off Campus  With Parents

**Approved Student Budget:**

Tuition & Fees \$ \_\_\_\_\_  
 Books & Supplies \_\_\_\_\_  
 Room & Board \_\_\_\_\_  
 Personal Expenses \_\_\_\_\_  
 Transportation \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**TOTAL BUDGET \$ \_\_\_\_\_**

**Anticipated Student Budget:**

Student Contribution \$ \_\_\_\_\_  
 Parent Contribution \_\_\_\_\_  
 Veteran's Benefit \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Vocational Rehab. \_\_\_\_\_  
 General Assist./TANF \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**TOTAL RESOURCES \$ \_\_\_\_\_**

**Awards:**

Pell Grant \$ \_\_\_\_\_  
 Suppl. Ed. Opportunity Grant \_\_\_\_\_  
 Wisconsin Grant \_\_\_\_\_  
 TIP Grant \_\_\_\_\_  
 Minority Grant \_\_\_\_\_  
 Federal Work Study \_\_\_\_\_  
 Perkins Loan \_\_\_\_\_  
 Subsidized Stafford Loan \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_

\*\*The lesser of \$2000 or 50% of the difference from the amount of tuition charged and the amount of tuition paid by the Veterans program.

**Recommended Veteran's Grant \*\* \$ \_\_\_\_\_**

**ASSESSED NEED** (Total Budget less Total Resources) = \$ \_\_\_\_\_

**TOTAL AWARDS = \$ \_\_\_\_\_**

Signature of Financial Aid Officer/  
 Veteran's Certifying Official: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_