



State of Wisconsin Higher Educational Aids Board

Scott Walker
Governor

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John Reinemann
Executive Secretary

ACADEMIC EXCELLENCE NOMINATING SCHOOL	
SCHOOL NAME	
STREET ADDRESS, CITY, STATE, ZIP	
CONTACT NAME	
EMAIL ADDRESS	
ENROLLMENT	
NUMBER OF ELIGIBLE AWARDS	

ACADEMIC EXCELLENCE SCHOLARSHIP RECIPIENTS		
	FIRST RECIPIENT	SECOND RECIPIENT
NAME	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
HOME ADDRESS		
HOME PHONE		
EMAIL ADDRESS <small>NOTHING ENDING IN @K12.WI.US OR @.ORG</small>		
GPA		
COMPOSITE ACT SCORE		
PREDICTED COLLEGE		

Continued on page 2

ACADEMIC EXCELLENCE SCHOLARSHIP RECIPIENTS		
	THIRD RECIPIENT	FOURTH RECIPIENT
<i>NAME</i>	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
<i>HOME ADDRESS</i>		
<i>HOME PHONE</i>		
<i>EMAIL ADDRESS</i> <small>NOTHING ENDING IN @K12.WLUS OR @.ORG</small>		
<i>GPA</i>		
<i>COMPOSIT ACT SCORE</i>		
<i>PREDICTED COLLEGE</i>		

Collection of the above information is a requirement of Statute 39.41. Personally identifiable information is used only for validation purposes, and shall not be released without written permission. Please note that if any other information is incomplete, this will also delay awarding and processing of the scholarship. No award should be considered final until confirmed by a HEAB form e-mailed to the student.

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Signature of School Representative _____ Date _____

Telephone _____ E-Mail Address _____