



State of Wisconsin Higher Educational Aids Board

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Scott Walker
Governor

John Reinmann
Executive Secretary

ACADEMIC EXCELLENCE NOMINATING SCHOOL

<i>SCHOOL NAME</i>	
<i>STREET ADDRESS, CITY, STATE, ZIP</i>	
<i>CONTACT NAME</i>	
<i>EMAIL ADDRESS</i>	
<i>ENROLLMENT</i>	
<i>NUMBER OF ELIGIBLE AWARDS</i>	

ACADEMIC EXCELLENCE SCHOLARSHIP RECIPIENTS

	FIRST RECIPIENT	SECOND RECIPIENT	THIRD RECIPIENT
<i>NAME</i>	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	<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 NOTHING ENDING IN @K12.WI.US OR @.ORG</i>			
<i>GPA</i>			
<i>COMPOSITE ACT SCORE</i>			
<i>PREDICTED COLLEGE</i>			

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ACADEMIC EXCELLENCE SCHOLARSHIP RECIPIENTS		
	FOURTH RECIPIENT	FIFTH 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.WI.US OR @.ORG</small>		
<i>GPA</i>		
<i>COMPOSITE 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 _____