State of Wisconsin
Higher Educational Aids Board

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Scott Walker
Governor

John Reinemann
Executive Secretary

STUDENT DATA SHEET FOR NURSING STUDENT LOAN

COMPLETE THIS FORM IN FULL

▲ LAST NAME ▲ FIRST NAME ▲ MIDDLE NAME ▲ PRIOR LAST NAME

CURRENT ADDRESS: STREET (**NOTE:** LIST BOTH MAILING ADDRESS AND PHYSICAL IF DIFFERENT)

CITY STATE ZIP CODE COUNTY PHONE NUMBER

PERMANENT ADDRESS: STREET

CITY STATE ZIP CODE COUNTY PHONE NUMBER

SOCIAL SECURITY NUMBER DATE OF BIRTH

E-MAIL ADDRESS EXPECTED GRADUATION DATE

EMPLOYER EMPLOYER'S ADDRESS

POSITION/TITLE LENGTH OF TIME AT POSITION

FATHER, STEP FATHER, OR GUARDIAN ADDRESS (CITY, STATE & ZIP) PHONE NUMBER

MOTHER, STEP MOTHER OR GUARDIAN ADDRESS (CITY, STATE & ZIP) PHONE NUMBER

SPOUSE'S NAME ADDRESS (CITY, STATE & ZIP) PHONE NUMBER

NAME, ADDRESS & PHONE NUMBER OF ONE RELATIVE/REFERENCE, NOT LISTED ABOVE, WHO WILL ALWAYS KNOW YOUR ADDRESS

I approve this student loan nomination to the Higher Educational Aids Board.

Signature of Financial Aid Official at Nominating Institution Date

I have been informed of all application and approval disclosures outlined on the Application Form. If it has been more than three business days since I have filled out the application, I certify by my signature, that all terms have been reviewed with me and that I have signed and dated another copy of the application.

Signature of Loan Applicant Date