



# State of Wisconsin Higher Educational Aids Board

P.O. Box 7885, Madison, WI 53707-7885  
E-Mail: [HEABmail@wi.gov](mailto:HEABmail@wi.gov)  
Web Page: [www.heab.state.wi.us](http://www.heab.state.wi.us)

AES: (608) 267-2213  
HEAB: (608) 267-2206  
FAX: (608) 267-2808

**Scott Walker**  
Governor

**John Reinemann**  
Executive Secretary

TECHNICAL EXCELLENCE SCHOLARSHIP NOMINATING SCHOOL	
<i>SCHOOL NAME</i>	
<i>STREET ADDRESS</i>	
<i>CITY, STATE, ZIP</i>	
<i>CONTACT NAME</i>	
<i>EMAIL</i>	
<i>TELEPHONE</i>	
<i>ENROLLMENT</i>	
<i># OF ELIGIBLE AWARDS</i>	

Collection of the above information is a requirement of Statute 20.235 (1)(fw). 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 mailed to the student.

- I attest that each student named on this form meets the Technical Excellence Scholarship requirements as defined under section 20.235 (1)(fw), Wisconsin Statutes.

\_\_\_\_\_  
Signature of School Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Confirm Email Address

\_\_\_\_\_  
School District



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TECHNICAL EXCELLENCE SCHOLARSHIP RECIPIENTS									
	FIRST RECIPIENT				SECOND RECIPIENT				
<i>NAME</i>	<input type="checkbox"/> Ms.				<input type="checkbox"/> Ms.				
	<input type="checkbox"/> Mr.				<input type="checkbox"/> Mr.				
<i>HOME ADDRESS</i>									
<i>HOME PHONE</i>									
<i>EMAIL ADDRESS</i>									
<i>ARE YOU USING HEAB'S CRITERIA</i>	Yes	No			Yes	No			
<i>ELIGIBILITY ITEMS COMPLETED</i>	1	3	5	7	1	3	5	7	
	2	4	6	8	2	4	6	8	
<i>PREDICTED COLLEGE</i>									

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