



# State of Wisconsin Higher Educational Aids Board

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**Scott Walker**  
Governor

**John Reinemann**  
Executive Secretary

TECHNICAL EXCELLENCE SCHOLARSHIP RECIPIENT-UNDER 80	
NAME	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
HOME ADDRESS	
HOME PHONE	
EMAIL ADDRESS	
ELIGIBILITY ITEMS COMPLETED	
GPA FOR CTE COURSEWORK	
ACT SCORE	
PREDICTED COLLEGE	

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

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