



# State of Wisconsin Higher Educational Aids Board

Tony Evers  
Governor

P.O. Box 7885  
Madison, WI 53707-7885  
HEABmail@wi.gov

Telephone: (608) 267-2206  
Fax: (608) 267-2808  
https://heab.wi.gov

Connie Hutchison, PhD  
Executive Secretary

## Health Services Scholarship Program Applicant Information Sheet

The Health Services Scholarship Program (HSSP) was created to encourage health services professionals to practice in Health Shortage Areas in the State of Wisconsin. A student is eligible to apply if she or he is a resident of the state and in the second year or higher of a graduate dental, psychiatry or medical (including primary care physicians, physician's assistants and nurse practitioners) training program (Health Care Training Program) in the State of Wisconsin.

The student must enter into an agreement with the Higher Educational Aids Board (HEAB) indicating that, upon graduation, she or he intends to practice in an area which qualifies **at the start of the employment as a designated Health Shortage Area in Wisconsin for a period equal to 18 months for each annual scholarship accepted by said student.**

If the scholarship recipient fails to practice in a Health Shortage Area in this state for the required period, she or he must **repay** to the state an amount equal to the **total dollar amount of annual scholarships awarded to the student multiplied by the student's repayment liability percentage.** The scholarship then becomes a **loan.**

Students are eligible to apply if they:

- are currently in a dental, psychiatry, or medical school to become a dentist, primary care physician, or psychiatrist; or are in a graduate program to become a physician's assistant or a nurse practitioner.
- are in their second year of the program or higher.
- intend to practice in a Health Shortage Area in Wisconsin.

HEAB will award dentists, primary care physicians, and psychiatrists' scholarships equal to \$30,000 each for every academic year in which they apply and are eligible. HEAB will award physician's assistants and nurse practitioners scholarships equal to \$25,000 each for every academic year in which they apply and are eligible. Scholarships will be awarded based on the United States postmark date of the application.

Scholarships are available for up to four (4) years. Scholarship recipients must **reapply** every year for HSSP scholarships and the scholarships are disbursed on a **first come, first serve basis.** If a scholarship recipient's name appears on the statewide support lien docket, the recipient is no longer eligible until the recipient is off the support lien docket.

After completing a Health Care Training Program in the State of Wisconsin the scholarship recipient must practice in a Health Shortage Area in Wisconsin. Qualifying Health Shortage Areas may **change** and are updated on the Wisconsin Department of Health Services website at:

[Wisconsin Primary Care Programs: Shortage Designations | Wisconsin Department of Health Services](#)

*To be considered for a Health Services Scholarship, please complete the following steps:*

### **Step One: HSSP Scholarship Application Procedure:**

1. The student must complete and submit a FAFSA form each year.
2. Students should inform financial aid office administrators of their interest in receiving a HSSP scholarship each year, so administrators will consider them. Based on program eligibility criteria, the school financial aid administrator will designate students who show eligibility for the HSSP and offer scholarships.

The financial aid office administrator will submit to HEAB all completed documents at one time for each designated student who applies for a HSSP scholarship. After HEAB receives and approves the completed **HSSP Application** and **Applicant Self-Certification** documents, the HSSP scholarship will be disbursed directly to the college or university for each student scholarship recipient. Subsequent academic year HSSP scholarships are subject to this process.

First, the student must complete the **HSSP Application**, and return it to the financial aid office at the student's school.

The **HSSP Application** must be completed and **signed** by both the student and a representative of the financial aid office of the student's Dental/Medical School for verification of the student's enrollment as a student in a Health Care Training Program at the school. Original or electronic signatures are accepted.

The financial aid office administrator will provide the student applicant with the following Truth In Lending (TIL) documents: **1) H-19 Approval Disclosure**, and **2) H-20 Final Disclosure**. The **H-19 Approval Disclosure** and **H-20 Final Disclosure** documents are for the applicant to keep. These disclosures do **not** need to be signed or returned to HEAB.

After receipt of the **H-19 Initial Disclosure** document, the student has **30 days to complete and sign the Applicant Self-Certification Form**. The student's dated signature serves **as the time of acceptance of the scholarship**. The student has **three (3) business days** from the time of the student signing the **Applicant Self-Certification** to cancel the HSSP scholarship request. Students may cancel the scholarship by contacting the financial aid office at their school.

Financial Aid Office Administrators may submit both the completed **HSSP Application** and **Applicant Self-Certification documents for each student applicant** by email to: [joy.dyer@wisconsin.gov](mailto:joy.dyer@wisconsin.gov) By fax: **608-267-2808** or

By mail to: **HEAB-HSSP  
PO Box 7885  
Madison, WI 53707-7885**

### **Step Two: After Graduation, Practice in a Health Services Shortage Area in Wisconsin**

The scholarship recipient must practice in an area which qualifies **at the start of the recipient's employment as a designated Health Shortage Area in Wisconsin for a period equal to 18 months for each annual scholarship that was accepted**.

Qualifying Health Shortage Areas in Wisconsin include Health Professional Shortage Areas (HPSA\*), Medically Underserved Areas or Medically Underserved Populations (MUA/MUP), or a Governor's Designated and DHHS Secretary Certified Shortage Areas for Rural Health Clinics. For more information about each area, please visit: <https://www.dhs.wisconsin.gov/primarycare/shortage-designation.htm>

To find facilities with a HPSA-Facility designation or rural health clinic with a Governor's Shortage Designation use the HPSA Find Tool at: <http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

To determine if an address is in a HPSA-Geographic or Population Group designated area or a MUA/MUP, use the Find Shortage Areas by Address Tool at: <http://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx>

### **Step Three: Submit a Verification of Practice Form**

After each year of practice, a scholarship recipient must submit a **Verification of Practice Form** to HEAB. The form must be completed by both the scholarship recipient and the employer. The form will require information about current employment and the Health Shortage Area in Wisconsin in which the recipient is serving. The recipient's employer will need to certify the number of months of completed employment. The recipient is required to submit proof of permanent dental, medical, or mental health license, physician's assistant or nurse practitioner's license.

### **REPAYMENT REQUIRED FOR FAILING TO PRACTICE IN A HEALTH SHORTAGE AREA**

*Scholarship recipients who withdraw from their stated program, or who do not practice in a Health Shortage Area for the required number of months, must repay the scholarship to the State of Wisconsin.* The scholarship will at this point be considered a **loan**. An interest rate of 5% will be added to the loan. Payments will be required beginning six (6) months after withdrawal from the Health Care Training Program or graduation. The loan must be paid in full within ten (10) years from the date that repayment begins.

**If you have questions about the Health Services Scholarship Program, please contact:**

Joy Dyer – HEAB Grant Specialist

Phone: 608-267-2212

E-mail: [joy.dyer@wisconsin.gov](mailto:joy.dyer@wisconsin.gov)