



# State of Wisconsin Higher Educational Aids Board

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**Tony Evers**  
Governor

**Connie Hutchison, PhD**  
Executive Secretary

## WISCONSIN VETERAN GRANT FOR PRIVATE NON-PROFIT SCHOOLS

This grant is available to Wisconsin residents who are attending a Wisconsin Private-Non-Profit school of higher education. You must be enrolled at least half-time in a bachelors, or graduate degree program, and maintain a GPA of at least 2.0 or better. Student eligibility of this grant is for a period of no more than 128 credits, 8 semesters, or 8 sessions.

There are three (3) items to complete this application process as listed below:

1. Go to <https://dva.wi.gov/Pages/educationEmployment/WIVSAG.aspx> and apply as instructed.
2. Complete the **Student Section** below & sign, then forward to your Financial Aid Office so they can complete their section.
3. Financial Aid Office/ Veteran Certified official: Complete the **Financial Aid Section / Veteran Certified Official section** and sign. Submit application via USPS mail, secured e-mail site, or fax to:

Wisconsin Higher Educational Aids Board  
Veterans Grant PNP  
PO Box 7885, Madison, WI 53707-7885  
Fax: (608) 267-2808

If you have any questions, please contact Jody Gennrich at: [jody.gennrich1@wisconsin.gov](mailto:jody.gennrich1@wisconsin.gov) or by phone (608) 266-0888

### Student Section

Academic Year: 20\_\_ - 20\_\_ Current Student Status:  Graduate  Undergraduate

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
*Last First*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

I have resided at this address since: \_\_\_\_\_ *If less than 5 years, please complete residency determination form.*  
*Month Year*

High School Attended: \_\_\_\_\_  
*Name of High School City State Graduation/GED date*

I plan to Attend: \_\_\_\_\_  
*Name of College/Institution City State Enrollment Term*

Please check one I am a:  Veteran  Spouse of a Veteran  Child of a Veteran

**Have you had veteran's tuition remission at the UW or Wisconsin Technical Colleges?** *(Maximum of no more than 128 credits, 8 semesters, or 8 sessions total)*

YES  NO If yes, where \_\_\_\_\_ and when \_\_\_\_\_

### STUDENT STATEMENT (IMPORTANT – READ CAREFULLY)

I declare that the information given by me on this form is true, correct, and complete to the best of my knowledge. If granted assistance, I will use it only for tuition purposes. I agree that this information may be shared between the Bureau of Veterans Affairs, WI Higher Educational Aids Board, and the school I attend. I further agree that I will apply for any financial aid available to me. The Financial Aid Office will complete their portion of this form and will provide HEAB with my semester grades at the end of the academic year. It is my responsibility to maintain a GPA (grade point average) of 2.0 or more to qualify for the grant.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name \_\_\_\_\_ SSN # \_\_\_\_\_

**Financial Aid Section / Veteran Certified Official to complete this section**

School Name: \_\_\_\_\_ New Student  or Continuing Student

Budget Period: \_\_\_\_\_ to \_\_\_\_\_ Year in School: \_\_\_\_\_ Status: Full-time  Half-time

Expected Degree: AA  BA/BS  MA/MS  Expected Graduation Date: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**Student Budget/Awards:**

Tuition and Fees \$ \_\_\_\_\_  
Federal Veteran's Benefit \$ \_\_\_\_\_  
WI Veteran's Benefit \$ \_\_\_\_\_

**STUDENT TOTAL BUDGET / AWARDS = \$ \_\_\_\_\_**

\*\*The lesser of \$2000 or 50% of the difference from the amount of tuition charged and the amount of tuition paid by the Veterans program.

**Recommended total amount of Veteran Grant to be paid by HEAB for the ENTIRE budget period listed above \$ \_\_\_\_\_**

**\*\* The amount paid by HEAB should be matched by the college \*\***

This award amount listed above, should be entered as a  TRIMESTER or  SEMESTER award

\$ \_\_\_\_\_ per Trimester \$ \_\_\_\_\_ per Semester

Signature of Financial Aid Officer/Veterans Certified Official: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name

Email address