

**HIGHER EDUCATIONAL AIDS BOARD  
ACADEMIC EXCELLENCE SCHOLARSHIP PROGRAM  
PO BOX 7885  
MADISON WI 53707-7885**

Name _____	SSN _____	Date of Birth _____
Street Address _____	City _____	State ____ Zip _____
Email Address _____	Phone Number _____	
High School _____		

**CONGRATULATIONS ON BEING AWARDED THE ACADEMIC EXCELLENCE SCHOLARSHIP!**

- ➔ Please complete and return this sheet by email to [nancy.wilkison@wi.gov](mailto:nancy.wilkison@wi.gov) with subject line: AES Student Form or Mail to AES Student Form, P.O. Box 7885, Madison WI, regardless of what your post high school plans may be, **as soon as possible**, but no later than September 30, 2017.
- ➔ In order to disburse your Academic Excellence Scholarship (AES) funds, we must know which college you plan to attend in 2017-2018.

Please show the name of the college you will attend in 2017-2018 here:	
Name of College	
Location of College	

- ➔ If you do not plan to enroll full-time at a participating Wisconsin institution by September 30, 2017, you will not be eligible to receive funds from your AES. In that case, **please sign the release statement below so another student can use the scholarship.**

These four questions ask about the impact of the AES on your post high school plans.		
	Yes	No
1. Did the AES influence you to attend a Wisconsin school rather than an out-of-state school?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the AES influence you to attend a different Wisconsin school than you had first planned?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the AES allow you to attend college when you otherwise may not have?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you plan on staying in Wisconsin after graduation?	<input type="checkbox"/>	<input type="checkbox"/>

By my signature, I attest to the accuracy of the information above, and I give permission to the college or university I am attending to release my credits earned and my grade point averages (GPAs) to the Higher Educational Aids Board (HEAB) at HEAB's request. Credits earned and GPAs are reported to HEAB for purposes of monitoring continuing eligibility for the Academic Excellence Scholarship (AES) and will be reported as long as the student may receive the AES.

**Signature of Scholar** \_\_\_\_\_ **Date** \_\_\_\_\_

These are the colleges at which the Academic Excellence Scholarship may be used:			
Wisconsin Technical Colleges	UW System Colleges	Wisconsin Independent Colleges	Wisconsin Universities
Blackhawk	Baraboo	Alverno	Eau Claire
Chippewa Valley	Barron County	Bellin College of Nursing	Green Bay
Fox Valley	Fond du Lac	Beloit	La Crosse
Gateway	Fox Valley	Cardinal Stritch	Madison
Lakeshore	Manitowoc	Carroll	Milwaukee
Madison Area	Marathon County	Carthage	Oshkosh
Mid-State	Marinette	Concordia	Parkside
Milwaukee Area	Marshfield	Edgewood	Platteville
Moraine Park	Richland	Herzing University	River Falls
Nicolet Area	Rock County	Lakeland	Stevens Point
North Central	Sheboygan	Lawrence	Stout
Northeast	Washington County	Maranatha Baptist	Superior
Southwest	Waukesha	Marian	Whitewater
Waukesha County		Marquette	
Western WI		Milwaukee Institute of Art	
WI Indianhead	<b>Tribal Colleges</b>	Milwaukee School of Engineering	
	Lac Courte Oreilles	Mount Mary	
	Menominee Nation	Northland College	
		Northland International University	
		Ripon	
		Silver Lake	
		St. Norbert	
		Viterbo	
		Wisconsin Lutheran	

If you do not attend one of these colleges, you will not be eligible to receive AES funds. The AES will then be awarded to the next qualified applicant.

If you cannot attend one of these colleges by September 30, 2017 due to illness, military service, study abroad, or some other circumstance beyond your control, do not sign the release. Contact us directly by email, phone or mail to discuss a temporary waiver of the enrollment requirement.

<b><u>Release Statement:</u></b>	
<b><i>I do not intend to accept the Academic Excellence Scholarship. I forfeit it, with the understanding that my forfeiture is permanent, and I release it for the use of an alternate student in my high school class.</i></b>	
Name of Student:	_____
Name of High School:	_____
Signature of Student:	_____ Date: _____
Signature of Parent:	_____ Date: _____
Name of College: (Optional)	_____