



State of Wisconsin Higher Educational Aids Board

Tony Evers
Governor

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WISCONSIN HEARING/VISUALLY HANDICAPPED PROGRAM

The Handicapped Student Grant Program was established to provide funding for undergraduate Wisconsin residents with a severe or profound hearing or visual impairment. Applicants must demonstrate financial need and be enrolled at least half-time at an in-state or eligible out-of-state public or independent higher education institution.

- The Financial Aid Administrator at the institution in which you enroll determines financial need.
- First-time applicants must have the degree of hearing or visual impairment certified by a physician or audiologist.
 - Use the space on the back of this form for certification or attach a current audiogram or eye report results.
 - Certification is not required if you have previously been awarded a grant under this program.
- The maximum award per academic year is \$1800.

For further details, please contact Charlene Sime at charlenek.sime@wi.gov or (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 1 year, use the back of this form to list residence information for the last 5 years*
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

Have you previously received a grant under this program? YES NO If yes, what year(s)? _____

Parent/Guardian Name: _____ Phone Number: _____
Last First

Parent/Guardian Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Parent/Guardian has resided at this address since: _____
Month Year

Student Signature: _____ Date: _____ Phone: _____

