# State of Wisconsin
# Higher Educational Aids Board

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**Tony Evers**
Governor

**Connie Hutchison, PhD**
Executive Secretary


## Student Data Sheet for Teacher Loan (Form 4)

COMPLETE THIS FORM IN FULL

▲ LAST NAME | ▲ FIRST NAME | ▲ MIDDLE NAME | ▲ PRIOR LAST NAME

MAILING ADDRESS STREET (INCLUDE BOTH PHYSICAL ADDRESS AND MAILING ADDRESS)

CITY | STATE | ZIP CODE | COUNTY | PHONE NUMBER

PHYSICAL ADDRESS STREET (INCLUDE BOTH PHYSICAL ADDRESS AND MAILING ADDRESS)

CITY | STATE | ZIP CODE | COUNTY

SOCIAL SECURITY NUMBER | DATE OF BIRTH

MONTH: YEAR:

E-MAIL ADDRESS (NOT RELATED TO EDUCATIONAL INSTITUTION) | EXPECTED GRADUATION DATE

EMPLOYER | EMPLOYER'S ADDRESS

POSITION/TITLE | LENGTH OF TIME AT POSITION

FATHER, STEP FATHER, OR GUARDIAN | ADDRESS (CITY, STATE & ZIP) | PHONE NUMBER

MOTHER, STEP MOTHER OR GUARDIAN | ADDRESS (CITY, STATE & ZIP) | PHONE NUMBER

SPOUSE'S NAME | ADDRESS (CITY, STATE & ZIP) | PHONE NUMBER

NAME, ADDRESS & PHONE NUMBER OF ONE RELATIVE/REFERENCE, NOT LISTED ABOVE, WHO WILL ALWAYS KNOW YOUR ADDRESS

I approve this student loan nomination to the Higher Educational Aids Board.

Signature of Financial Aid Official at Nominating Institution | Date

I have been informed of all application and approval disclosures outlined on the Application Form. If it has been more than three business days since I have filled out the application, I certify by my signature, that all terms have been reviewed with me and that I have signed and dated another copy of the application.

Signature of Loan Applicant | Date