State of Wisconsin
Higher Educational Aids Board

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Tony Evers
Governor

Connie Hutchison, PhD
Executive Secretary

Health Services Scholarship Program
Notice of Intent to Practice in a Health Shortage Area in the State of Wisconsin

Applicant Information

Name: ______________________________

Address: ______________________________

City: ____________________ State: ________ Zip: ____________

Home Phone: ____________________ Cell Phone: ____________________

Email: ______________________________

Health Care Training Program

I am currently enrolled in a Health Care Training Program and my area of specialty or sub-specialty is:

☐ Primary Care Physician ☐ Physician's Assistant ☐ Nurse Practitioner

☐ Dentist ☐ Psychiatrist

Residency Program Name: ____________________ City: ____________ State: ______

Dental/Medical School Attending: ____________________ City: ____________ State: ______

Nursing School Attending: ____________________ City: ____________ State: ______

I intend to seek employment working in an area which qualifies as a ***designated Health Shortage Area in Wisconsin at the time I start my employment****. I understand that once I am employed in this capacity I must annually submit, to the Higher Educational Aids Board, proof of practice in a Health Shortage Area in Wisconsin and proof of continued licensure in my stated profession. Original or electronic signatures will be accepted.*

Signature: ______________________________ **Date:** ____________

School Verification of Applicant's Enrollment

As a representative of the financial aid office of the Applicant's Dental/Medical School listed in this application, I certify that the information provided on this form is correct and that the applicant is currently enrolled as a student at this school.

Name: ____________________ Title: ____________________

Signature: ______________________________ Date: ____________

Return completed forms to:

Mail: HEAB-HSSP
PO Box 7885
Madison, WI 53707

Email: joy.dyer@wisconsin.gov
Fax: 608-267-2808

For more information, contact:

Joy Dyer, HEAB Grant Specialist
Phone: 608-267-2212 or email