

TECHNICAL EXCELLENCE SCHOLARSHIP ALTERNATES												
	FIRST RECIPIENT				SECOND RECIPIENT				THIRD RECIPIENT			
NAME	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.				<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.				<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.			
HOME ADDRESS												
HOME PHONE												
EMAIL ADDRESS												
ARE YOU USING HEAB'S CRITERIA?	Yes	No			Yes	No			Yes	No		
ELIGIBILITY ITEMS COMPLETED	1	3	5	7	1	3	5	7	1	3	5	7
	2	4	6	8	2	4	6	8	2	4	6	8
PREDICTED COLLEGE												

	FOURTH RECIPIENT				FIFTH RECIPIENT			
NAME	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.				<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.			
HOME ADDRESS								
HOME PHONE								
EMAIL ADDRESS								
ARE YOU USING HEAB'S CRITERIA?	Yes	No			Yes	No		
ELIGIBILITY ITEMS COMPLETED	1	3	5	7	1	3	5	7
	2	4	6	8	2	4	6	8
PREDICTED COLLEGE								

Collection of the above information is a requirement of Statute 20.235 (1)(fw). Personally identifiable information is used only for validation purposes, and shall not be released without written permission. Please note that if any other information is incomplete, this will also delay awarding and processing of the scholarship. No award should be considered final until confirmed by a HEAB form mailed to the student.

- I attest that each student named on this form meets the Technical Excellence Scholarship requirements as defined under section 20.235 (1)(fw), Wisconsin Statutes.

Signature of School Representative

Date

Email Address

Telephone

School District