



State of Wisconsin  
Higher Educational Aids Board

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Governor

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2024-2025 Teacher of the Visually Impaired (TVI) Loan  
Acceptance Form

Name of Student (Last, First)			
Social Security Number			
Date of Birth			
Number of Years in School		Current Term Credits	
Enrolled at least Half Time		<input type="checkbox"/> NO <input type="checkbox"/> YES	
Receive Prior WI TVI	<input type="checkbox"/> NO <input type="checkbox"/> YES, List Year(s):		
Education Sought (Mark all that apply)	<input type="checkbox"/> TEACHER OF THE VISUALLY IMPAIRED <input type="checkbox"/> ORIENTATION & MOBILITY		
Expected Date of Graduation		Month:	Year:

Total TVI Award (Minimum \$250, Maximum \$10,000)		
First Term Voucher Amount Request	\$	This space for lender use only
Second Term Voucher Amount Request	\$	This space for lender use only

NOTE: Upon acceptance of loan by HEAB, initial term voucher amount will be processed, unless specifically requested to not process. Additional term dispersals are processed upon request.

Name of Institution: \_\_\_\_\_

Nomination Prepared By: \_\_\_\_\_ Date \_\_\_\_\_

**I accept this loan and agree to all terms and conditions.**

\_\_\_\_\_  
Signature of Loan Holder Date

I understand that I have three business days from the date of signature to return to the financial aid office and cancel this loan without penalty. I understand that funds will not be requested or disbursed before this cancellation period has ended. I further understand that **if I do not return to the financial aid office within three business days to cancel this loan that I have accepted this loan and funds can be requested and disbursed.**

\_\_\_\_\_  
Recipient Initials

**If the student returns within three business day to cancel this loan, please obtain signature below:**

I am cancelling this loan. \_\_\_\_\_  
Recipient Signature Date