



State of Wisconsin Higher Educational Aids Board

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Governor

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2024-2025 Teacher of the Visually Impaired Loan Program Application (Form 1)

I, _____, request a Teacher of the Visually Impaired Loan of \$_____.00 for the 2024-2025 academic year.
(Please Print Name)

In applying for this loan, I understand and agree to the following terms and requirements:

Terms of the Loan

- One hundred percent (100%) of the loan may be forgiven for work as a licensed Teacher of the Visually Impaired or an Orientation and Mobility Specialist (by the Wisconsin Department of Public Instruction) in a Wisconsin school district, the Wisconsin Center for the Blind and Visually Impaired or an educational service agency.
- If I do not meet the criteria for the full one hundred percent (100%) forgiveness, the total amount not forgiven will be repaid to State of Wisconsin.
- I shall promptly notify the Board of all changes in my name, permanent address, telephone number, educational institutions attended, places of employment, and my status as a teacher licensed in Wisconsin.
- I shall notify the Higher Educational Aids Board within 30 days of graduating, withdrawal or transfer from this institution.
- I have up to 30 days to accept the loan; terms shall not change during that time.

Terms of Forgiveness

- Be licensed as either a Teacher of the Visually Impaired or an Orientation and Mobility Specialist in Wisconsin.
- Work in a Wisconsin school district, the Wisconsin Center for the Blind and Visually Impaired or an educational service agency.
- Provide proof of employment when initially hired and every 12 months thereafter until the account is fully forgiven.
- Twenty-five percent (25%) of the loan will be forgiven for the first academic year of full-time work. Twenty-five percent (25%) of the loan will be forgiven for the second academic year of full-time work. Fifty percent (50%) of the loan will be forgiven for the third academic year of full-time work. In cases where less than full-time work is performed, forgiveness will be prorated.
- Any amount not forgiven within six (6) years of graduation or program completion, unless this time is otherwise extended by the Higher Educational Aids Board, shall be repaid to the State of Wisconsin.

Terms of Repayment

- If not eligible for forgiveness or enrollment, the initial date of repayment shall be determined by the board but will begin no sooner than six months after the recipient withdraws or graduates from the eligible institution.
- Interest shall not be charged during the forgiveness period.
- The interest rate is 5% and will not be increased. No origination fees will be applied.
- Monthly payments, as determined by the board, shall be no less than \$50.00 including principal and interest.
- Loans must be repaid in full no more than 15 years from initial date of repayment as determined by the Board.
- Loans may be prepaid at any time without penalty.
- All obligations to repay the account shall cease upon proof of permanent disability or death of the recipient.
- Delinquent loans may be turned over to the State of Wisconsin Department of Revenue for collection.
- As defined in the Board's administrative rules and procedures, the Board shall grant deferments for up to 3 years for military service, Peace Corps, or VISTA; up to 12 months for pregnancy; 6 months for temporary unemployment; and forbearance of varying length. Recipients returning to school will be deferred as long as they maintain full time status. Interest shall not accrue during periods of deferment. All requests for deferment and forbearance must be directed to the Board.

I have read and understand the Terms of the Loan, the Terms of Forgiveness and the Terms of Repayment: _____
Recipient Initials

Terms of Acceptance/Rights of Recipient

- The loan recipient has 30 days from the date of this application to accept the loan. Loan terms shall not be changed during that period.
- The acceptance form must be signed by the recipient and the original signed form returned to the financial aid office no later than thirty (30) days from signature of the application. (Recipient initials) _____

I accept the loan under these conditions, responsibilities, and rights, and so signify my application with my signature. I have also retained a signed copy of this agreement form for my records.

Signature of Recipient: _____ Date: _____

Social Security Number: _____ College: _____

Permanent Address: _____
Street Address City State Zip Code

Use only in the event that more than 3 business days separate this application and signature of form 2:

There have been more than three business days between my application for this loan and the approval of the loan. I certify, by my initials, that all terms and conditions on this application have been disclosed to me again on this date.

Recipient Initials Date