



# State of Wisconsin Higher Educational Aids Board

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## 2025-2026 Teacher of the Visually Impaired (TVI) Loan Acceptance Form

Complete all sections.

Name of Student (Last, First):			
Social Security Number:			
Date of Birth:		Current Term Credits:	
Grade Level:	<input type="checkbox"/> 1 <sup>st</sup> Year / Freshman <input type="checkbox"/> 2 <sup>nd</sup> Year / Sophomore <input type="checkbox"/> 3 <sup>rd</sup> Year / Junior <input type="checkbox"/> 4 <sup>th</sup> Year + / Senior <input type="checkbox"/> Graduate		
Enrollment:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Half-Time to Full-Time <input type="checkbox"/> Part-Time to Half-Time		
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)	
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### Requirement: Loan Applicant must complete FAFSA.

FAFSA applicant data is imported into HEAB system. This data is matched and compared to data provided on application. Once processed, Financial Aid may request disbursement through HEAB system.

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

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

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

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