



State of Wisconsin Higher Educational Aids Board

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<https://heab.state.wi.us>

Dental Scholarship Program Application Notice of Intent to Practice Dentistry in Wisconsin in a Dental Health Shortage Area

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Applicant's Social Security # _____

The email address provided is the **primary method of communication from HEAB**. If there is a change to either my email or physical address, I will provide HEAB an update within **10 days** of the change.

Dental Health Care Training Program

I am currently enrolled in a Dental Health Training Program at the Marquette University School of Dentistry:

☐ Yes

☐ No

Applicant's Statement of Intent

*I intend to seek employment working in an area which qualifies as a designated Dental Health Shortage Area in Wisconsin, which does **not include Brown, Dane, Kenosha, Milwaukee, or Waukesha County**, 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 qualified designated Dental Health Shortage Area in Wisconsin, which does **not include Brown, Dane, Kenosha, Milwaukee or Waukesha County**, and submit 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 at Marquette University, I certify that the information provided on this form is correct and that the applicant is currently enrolled as a student at the Marquette University School of Dentistry.

Name: _____ Title: _____

Signature: _____ Date: _____

Financial aid office: please return all completed forms *at one time* to: Joy Dyer, DSP-HEAB Grant Specialist

Mail: HEAB-DSP, PO BOX 7885, Madison, WI 53707 or Email: joy.dyer@wisconsin.gov or Fax: 608-267-2808