



State of Wisconsin
Higher Educational Aids Board

P.O. Box 7885
Madison, WI 53707-7885
HEABmail@wi.gov

Telephone: (608) 267-2206
Fax: (608) 267-2808
https://heab.state.wi.us

Tony Evers
Governor

Connie Hutchison, PhD
Executive Secretary

**2023-2024 NURSE EDUCATORS PROGRAM
LOAN ACCEPTANCE FORM**

Name of Student (Last, First)			
Social Security Number			
Date of Birth			
Number of Years in School		Current Term Credits	
Receive Prior WI NEP	<input type="checkbox"/> NO <input type="checkbox"/> YES, List Year(s):		
Education Sought (Mark all that apply)	<input type="checkbox"/> MASTERS <input type="checkbox"/> DR OF NURSING PRACTICE <input type="checkbox"/> DR PHILOSOPHY IN NURSING		
Expected Date of Graduation*	Month:	Year:	
Attendance Rate: *	<input type="checkbox"/> FULL TIME <input type="checkbox"/> HALF TIME OR MORE / LESS THAN FULL TIME		

* The attendance rate is dependent upon the nursing department definition. If attendance rate utilized for this application differs from the financial aid definition, it is recommended to include documentation / sign off from nursing department in the student's record in case of an audit.

Total NEP Award		
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 and approval of loan by HEAB, initial term voucher amount will be processed, unless specifically requested to not process. Second term dispersals are processed upon request with confirmation of continued eligibility.

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. _____ Date _____
Recipient Signature