



# State of Wisconsin Higher Educational Aids Board


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
Tony Evers  
Governor

Tammie DeVooght  
Executive Secretary

## 2024-2025 NURSE EDUCATORS PROGRAM LOAN ACCEPTANCE FORM

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

\* If attendance rate utilized for this application differs from the institutional financial aid definition, a letter from the nurse department chair or dean must accompany the application stating the departmental change in credit to attendance rate ratio, attesting to the student meeting the attendance rate criteria. A similar letter must be provided if the same issue occurs for the second term disbursement (to be provided at request for 2<sup>nd</sup> term funding).

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 disbursements 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