**WISCONSIN HIGHER EUCATIONAL AIDS BOARD**

**TALENT INCENTIVE PROGRAM (TIP) GRANT**

**2024-2025 INSTITUTIONAL NOMINATION FORM**

**(Please Print)**

**SECTION I – STUDENT INFORMATION** Student Social Security Number:

Date:  Student Name:

 Last First Middle Initial

Home Mailing Address:

 Street City State Zip Code

Gender: [ ]  Female [ ]  Male Did this student graduate from high school in 2024? [ ]  YES [ ]  NO

Race (For information purposes only)

|  |  |
| --- | --- |
| Check One: | Check all the apply: |
| Hispanic/Latino | Not**H**ispanic/Latino | AmericanIndian/Alaska Native | Asian | Black/African American | Native Hawaiian/Other Pacific Islander | White |
|  |  |  |  |  |  |  |

# SECTION II - ELIGIBILITY CRITERIA

[ ]  First-Time Freshman - **REQUIRED** - *A student who has been enrolled in a post-secondary institution for less than two semesters at half or greater time since attending high school.* **To receive an Initial TIP award, a student must be a first-time freshman.**

To be eligible for the Initial TIP Grant award, a student must meet at least one criterion under Group A **AND** at least one criterion under Group B. Please check **ALL** that apply.

**Group A: FINANCIAL NEED CRITERIA**

1. [ ]  A dependent student whose parent contribution is $200 or less. Parent contribution is: $

 [ ]  An independent student whose contribution is $200 or less. Student contribution is: $

2. [ ]  The family, if the student is dependent; or the student, if independent, is receiving TANF or W2 benefits.

3. [ ]  The parent or parents of a dependent student - or the student (and spouse, if married), if independent - are ineligible for unemployment compensation and have no current income from employment.

**Group B: NON-TRADITIONAL / DISADVANTAGED CRITERIA**

1. [ ]  The student is or will be enrolled in a special academic support program due to insufficient academic preparation.
2. [ ]  The student is a first-generation post- secondary student - *neither parent graduated from a four-year college or university.*
3. [ ]  The student is currently or was formerly incarcerated in a correctional institution.
4. [ ]  The student is handicapped according to DWD-DVR records, or the Special Needs or Disabilities Office on Wisconsin college or university campuses using the ADA definition.
5. [ ]  The student's environment or academic background is such that it deters the pursuit of educational plans.

**Requested TIP Award Amount: $** [ ]  Full-Year Award ($1000 minimum to $1800 maximum) OR

 [ ]  Spring Semester Award ($500 minimum to $900 maximum)

**NOTES:**

Financial Aid Officer Name (PRINT) Financial Aid Officer Signature HEAB School Code

**RETURN TO:** Cassie Weisensel

Email: cassie.weisensel@wisconsin.gov