



State of Wisconsin Higher Educational Aids Board

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
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https://heab.state.wi.us

Tony Evers
Governor

Tammie DeVooght
Executive Secretary

2025-2026 NURSE EDUCATORS PROGRAM LOAN ACCEPTANCE FORM

Complete all sections.

Name of Student (Last, First) 			
Social Security Number:			
Date of Birth:		Current Term Credits:	
Receive Prior WI NEP	NO 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 2nd term funding).

Total NEP Award	
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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

Recipient Initials