



State of Wisconsin Higher Educational Aids Board

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2025-2026 NURSING STUDENT LOAN ACCEPTANCE FORM

Complete all sections.

Name of Student (Last, First)			
Social Security Number:			
Date of Birth:		Current Term Credits:	
Grade Level:	<input type="checkbox"/> 1 st Year / Freshman <input type="checkbox"/> 2 nd Year / Sophomore <input type="checkbox"/> 3 rd Year / Junior <input type="checkbox"/> 4 th Year + / Senior <input type="checkbox"/> Graduate		
Enrollment:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Half-Time to Full-Time		
Receive Prior WI NSL	<input type="checkbox"/> NO <input type="checkbox"/> YES, List Year(s):		
Education Sought (CHECK ONLY ONE)	<input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> ADN <input type="checkbox"/> BSN <input type="checkbox"/> MASTERS <input type="checkbox"/> OTHER:		
Expected Date of Graduation*		Month:	Year:

*NOTE: Eligibility requires graduation date within 4 years if attending college or university or within 2 years if attending a technical college.

Total NSL Award (Minimum \$1000, Maximum \$3000)	
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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