



# State of Wisconsin Higher Educational Aids Board

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## WISCONSIN HEARING/VISUALLY IMPAIRED STUDENT GRANT PROGRAM

The Hearing/Visually Impaired Student Grant Program was established to provide funding for undergraduate Wisconsin residents with a severe or profound hearing or visual impairment. Applicants must demonstrate financial need and be enrolled at least half-time at an in-state or eligible out-of-state public or independent higher education institution.

- Financial need is determined by the financial aid administrator at the institution in which you enroll.
- First-time applicants must have the degree of hearing or visual impairment certified by a physician or audiologist.
  - Use the space on the back of this form for certification or attach a current audiogram or eye report results.
  - Certification is not required if you have previously been awarded a grant under this program.
- The maximum award per academic year is \$1800.

For further details, please contact Charlene Sime at [charlenek.sime@wi.gov](mailto:charlenek.sime@wi.gov) or (608) 266-0888.

### Student Section

Academic Year: 20\_\_ - 20\_\_ Current Student Status:  Graduate  Undergraduate

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
*Last First*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

I have resided at this address since: \_\_\_\_\_ *If less than 1 year, use the back of this form to list residence information for the last 5 years*  
*Month Year*

High School Attended: \_\_\_\_\_  
*Name of High School City State Graduation/GED date*

I plan to Attend: \_\_\_\_\_  
*Name of College/Institution City State Enrollment Term*

Have you previously received a grant under this program?  YES  NO If yes, what year(s)? \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
*Last First*

Parent/Guardian Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Parent/Guardian has resided at this address since: \_\_\_\_\_  
*Month Year*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

