



# State of Wisconsin Higher Educational Aids Board

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**Tony Evers**  
Governor

**Tammie DeVooght**  
Executive Secretary

## Student Data Sheet for Teacher of the Visually Impaired Loan (Form 2)

COMPLETE THIS FORM IN FULL

▲ LAST NAME                                      ▲ FIRST NAME                                      ▲ MIDDLE NAME                                      ▲ PRIOR LAST NAME

ADDRESS                                      STREET                                      (INCLUDE BOTH PHYSICAL ADDRESS AND MAILING ADDRESS)

CITY                                      STATE                                      ZIP CODE                                      COUNTY                                      PHONE NUMBER

PERMANENT ADDRESS                                      STREET                                      (INCLUDE BOTH PHYSICAL ADDRESS AND MAILING ADDRESS)

CITY                                      STATE                                      ZIP CODE                                      COUNTY                                      PHONE NUMBER

SOCIAL SECURITY NUMBER                                      DATE OF BIRTH

E-MAIL ADDRESS (NOT RELATED TO EDUCATIONAL INSTITUTION)                                      MONTH:                                      YEAR:  
EXPECTED GRADUATION DATE

CURRENTLY HOLD LICENSE WITH DPI:  YES  NO                                      IF YES, INDICATE EDUCATOR FILE # : \_\_\_\_\_

EMPLOYER                                      EMPLOYER'S ADDRESS

POSITION/TITLE                                      LENGTH OF TIME AT POSITION

TEACHER FOR THE VISUALLY IMPAIRED PROGRAM ENROLLED IN:

- TEACHER OF THE VISUALLY IMPAIRED                                       ORIENTATION AND MOBILITY SPECIALIST

SPOUSE'S OR PARENT NAME                                      ADDRESS (CITY, STATE & ZIP)                                      PHONE NUMBER

NAME, ADDRESS & PHONE NUMBER OF ONE RELATIVE/REFERENCE, NOT LISTED ABOVE, WHO WILL ALWAYS KNOW YOUR ADDRESS

I have been informed of all application and approval disclosures outlined on the Application Form. If it has been more than three business days since I have filled out the application, I certify by my signature, that all terms have been reviewed with me and that I have signed and dated another copy of the application.

Signature of Loan Applicant                                      Date

Section to be completed by nominating institution:

I approve this student loan nomination to the Higher Educational Aids Board. The Loan Applicant meets the eligibility criteria of the program. I confirm the information within this application (Form 1 and 2) match institutional records.

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Signature of Financial Aid Official at Nominating Institution                                      Date