

State of Wisconsin Higher Educational Aids Board

Tony Evers Governor

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Health Services Scholarship Program Notice of Intent to Practice in a Health Shortage Area in the State of Wisconsin

	icant Information			
Name	e:			
City:				Zip:
Home Phone:			Cell Phone:	
Emai	l:			
<u>Healt</u>	th Care Training P	<u>rogram</u>		
I am o is:	currently enrolled in	a Health Care Training Pro	gram and my are	ea of specialty or sub-specialty
	Primary Care Physi	cian 🔲 Physician's Assis	tant	e Practitioner
	Dentist	☐ Psychiatrist		
Residency Program Name:			City: _	State:
Dental/Medical School Attending:			City: _	State:
Nursing School Attending:				
I inter Wisco annua	onsin at the time I stally submit, to the Hig roof of continued lice	art my employment . I underst her Educational Aids Board, pro	and that once I a oof of practice in a Original or electro	esignated Health Shortage Area in m employed in this capacity I must a Health Shortage Area in Wisconsin anic signatures will be accepted. Date:
- د داد د				
As a a	representative of the cation, I certify that t	pplicant's Enrollment e financial aid office of the A the information provided on a udent at this school.		I/Medical School listed in this ect and that the applicant is
Name	e:	Title	e:	
Signa	nture:			Date:
Financ	ial aid office: return all	completed forms at one time to	: Fo	r more information, contact:
Mail:	HEAB-HSSP	Email: joy.dyer@wisconsin		Dyer, HEAB Grant Specialist
	PO Box 7885 Madison, WI 53707	Fax: 608-267-2808	Ph	one: 608-267-2212 or email

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