



# State of Wisconsin Higher Educational Aids Board

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**Scott Walker**  
Governor

**John Reinemann**  
Executive Secretary

## STUDENT DATA SHEET FOR NURSING STUDENT LOAN

COMPLETE THIS FORM IN FULL

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

CURRENT ADDRESS:                      STREET                                      (NOTE: LIST BOTH MAILING ADDRESS AND PHYSICAL IF DIFFERENT)

CITY                                      STATE                                      ZIP CODE                                      COUNTY                                      PHONE NUMBER

PERMANENT ADDRESS:                      STREET

CITY                                      STATE                                      ZIP CODE                                      COUNTY                                      PHONE NUMBER

SOCIAL SECURITY NUMBER                                      DATE OF BIRTH

E-MAIL ADDRESS                                      EXPECTED GRADUATION DATE

EMPLOYER                                      EMPLOYER'S ADDRESS

POSITION/TITLE                                      LENGTH OF TIME AT POSITION

FATHER, STEP FATHER, OR GUARDIAN                                      ADDRESS (CITY, STATE & ZIP)                                      PHONE NUMBER

MOTHER, STEP MOTHER OR GUARDIAN                                      ADDRESS (CITY, STATE & ZIP)                                      PHONE NUMBER

SPOUSE'S 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 approve this student loan nomination to the Higher Educational Aids Board.	
_____ Signature of Financial Aid Official at Nominating Institution	_____ Date
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