



State of Wisconsin Higher Educational Aids Board

Scott Walker
Governor

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John Reinemann
Executive Secretary

2018-2019 TEACHER LOAN DECLARATIONS AND ACCEPTANCE FORM

Name of Student (Last, First) ⇒			
Social Security Number			
Date of Birth			
Number of Years in School		Current Term Credits	
Receive Prior WI Loan	<input type="checkbox"/> NO <input type="checkbox"/> YES, List Year(s):		
Expected Date of Graduation	Month:	Year:	
Discipline Sought: Select One Below*			
Standard Disciplines:		Special Education:	Career and Technology Education:
<input type="checkbox"/> English as a Second Language		<input type="checkbox"/> Cognitive Disabilities	<input type="checkbox"/> Business Education
<input type="checkbox"/> Bilingual Education		<input type="checkbox"/> Cross Categorical	<input type="checkbox"/> Family and Consumer Education
<input type="checkbox"/> Foreign Languages		<input type="checkbox"/> Deaf and Hard of Hearing	<input type="checkbox"/> Technology Education
<input type="checkbox"/> Mathematics		<input type="checkbox"/> Early Childhood-Special Education	
<input type="checkbox"/> Music		<input type="checkbox"/> Emotional/Behavioral Disorders	
<input type="checkbox"/> Reading		<input type="checkbox"/> Learning Disabilities	
<input type="checkbox"/> Sciences		<input type="checkbox"/> School Speech and Language Disabilities	
<input type="checkbox"/> Library Media		<input type="checkbox"/> Visual Disabilities	

*NOTE: Applicants must declare a discipline at loan application. The discipline may be changed by notifying HEAB within 30 days of change.

Total TEL Award (Maximum \$10,000) ⇒		
First Term Voucher Amount Request	\$	This space for lender use only
Second Term Voucher Amount Request	\$	This space for lender use only

NOTE: Upon acceptance and approval of loan by HEAB, initial term voucher amount will be processed, unless specifically requested to not process. Additional term dispersals are processed upon request with confirmation of continued eligibility.

Name of Institution: _____

Nomination Prepared By: _____
Financial Aid Officer Date

I accept this loan and agree to all terms and conditions.

Signature of Loan Holder Date

I understand that I have three business days from the date of signature to return to the financial aid office and cancel this loan without penalty. I understand that funds will not be requested or disbursed before this cancellation period has ended. I further understand that ***if I do not return to the financial aid office within three business days to cancel this loan that I have accepted this loan and funds can be requested and disbursed.***

Recipient Initials

If the student returns within three business day to cancel this loan, please obtain signature below:

I am cancelling this loan. _____
Recipient Signature Date