



State of Wisconsin
Higher Educational Aids Board

P.O. Box 7885, Madison, WI 53707-7885
E-Mail: HEABmail@wi.gov
Web Page: www.heab.state.wi.us

AES: (608) 267-2213
HEAB: (608) 267-2206
FAX: (608) 267-2808

Scott Walker
Governor

John Reinemann
Executive Secretary

TECHNICAL EXCELLENCE SCHOLARSHIP NOMINATING SCHOOL	
SCHOOL NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
CONTACT NAME	
EMAIL	
TELEPHONE	
ENROLLMENT	
# OF ELIGIBLE AWARDS	

Collection of the above information is a requirement of Statute 20.235 (1)(fw). Personally identifiable information is used only for validation purposes, and shall not be released without written permission. Please note that if any other information is incomplete, this will also delay awarding and processing of the scholarship. No award should be considered final until confirmed by a HEAB form mailed to the student.

- I attest that each student named on this form meets the Technical Excellence Scholarship requirements as defined under section 20.235 (1)(fw), Wisconsin Statutes.

Signature of School Representative

Date

Email Address

Telephone

Confirm Email Address

School District



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TECHNICAL EXCELLENCE SCHOLARSHIP RECIPIENTS									
	FIRST RECIPIENT				SECOND RECIPIENT				
<i>NAME</i>	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.				<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.				
<i>HOME ADDRESS</i>									
<i>HOME PHONE</i>									
<i>EMAIL ADDRESS</i>									
<i>ARE YOU USING HEAB'S CRITERIA?</i>	Yes	No			Yes	No			
<i>ELIGIBILITY ITEMS COMPLETED</i>	1	3	5	7	1	3	5	7	
	2	4	6	8	2	4	6	8	
<i>PREDICTED COLLEGE</i>									

	THIRD RECIPIENT				FOURTH RECIPIENT				
<i>NAME</i>	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.				<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.				
<i>HOME ADDRESS</i>									
<i>HOME PHONE</i>									
<i>EMAIL ADDRESS</i>									
<i>ARE YOU USING HEAB'S CRITERIA?</i>	Yes	No			Yes	No			
<i>ELIGIBILITY ITEMS COMPLETED</i>	1	3	5	7	1	3	5	7	
	2	4	6	8	2	4	6	8	
<i>PREDICTED COLLEGE</i>									

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Signature of School Representative Date

Email Address Telephone

School District