



Counselor Code:

PLEASE TYPE OR PRINT

Name Last, First, Middle Initial		Maiden (if applies)		Telephone Area /No.		Today's Date mm/dd/yy		
Address Street			City		County		State WI	Zip
Additional Contact <i>Relative, Friend</i>			Address Street					
City		State WI	Zip	Student E-mail Address				
Social Security No. *	Birthdate mm/dd/yy		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married		Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check Programs Participated In <input type="checkbox"/> EIP <input type="checkbox"/> GEAR UP <input type="checkbox"/> TRIO or PreCollege <input type="checkbox"/> Currently <input type="checkbox"/> Previously								
Length of time you have lived in Wisconsin Years			Months		Since Month		Year yyyy	
Who do you normally live with? <input type="checkbox"/> Alone <input type="checkbox"/> Parent(s) <input type="checkbox"/> Relatives <input type="checkbox"/> Spouse <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Children <input type="checkbox"/> Roommates							No. of people living in household	
Who supports you? <input type="checkbox"/> Myself <input type="checkbox"/> Friend <input type="checkbox"/> Unemployment <input type="checkbox"/> Parent(s) <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> Gen'l Assistance <input type="checkbox"/> Spouse <input type="checkbox"/> Disability <input type="checkbox"/> Other <i>Specify:</i>								
Race/Ethnicity <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American				<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic				
Family Income Last Year		Family Income This Year <i>Estimate</i>		Who earned it?		Are you a: <input type="checkbox"/> Refugee <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Eligible noncitizen <input type="checkbox"/> None Listed		
Name of Last High School Attended			Grade Point Avg.	Address Street, City, County, State				
Date of High School Graduation mm/yy			Last Grade Completed <i>Check One</i> <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12					
If you received a GED, list date received and location Date Received mm/yy Location city, state								
Precollege Test(s) you have taken <i>Check</i> <input type="checkbox"/> PACT <input type="checkbox"/> ACT <input type="checkbox"/> SAT <input type="checkbox"/> PSAT/MSQT <input type="checkbox"/> None								

* Collection of Social Security Number and other personally identifiable data is for official purposes only and will not be shared without written permission.

Name of College or Technical School you are planning to attend:

First Choice		Address	
Second Choice		Address	
What do you plan to study?		Length of Program of study <i>Check One</i> <input type="checkbox"/> 1 yr. <input type="checkbox"/> 2 yrs. <input type="checkbox"/> 4 yrs. <input type="checkbox"/> Other <i>Specify</i>	
Date School Begins <i>mm/yy</i>	Have you applied for admission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not notified yet	Have you completed and submitted a financial aid form? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you have attended or currently are attending a college or technical school, complete the following:

Name of School <i>No. 1</i>		Address <i>No. 1</i>	
Date Entered <i>mm/dd/yy</i>	Date Left <i>mm/dd/yy</i>	No. of Credits Earned	How did you hear about the program?
Name of School <i>No. 2</i>		Address <i>No. 2</i>	
Date Entered <i>mm/dd/yy</i>	Date Left <i>mm/dd/yy</i>	No. of Credits Earned	How did you hear about the program?

SIGNATURES

I VERIFY that the information provided is true to the best of my knowledge.

Student Signature ➤	Date Signed
Parent Signature <i>Dependent student only.</i> ➤	Date Signed



PLEASE TYPE OR PRINT

Purpose of Grant: The purpose of the Talent Incentive Program (TIP) is to provide grant awards to uniquely needy students. The grant is designed to help improve the opportunity for access, retention, and graduation, and to lessen the burden of student debt. The minimum award a freshman can receive is \$600 and the maximum award is \$1,800.

I. GENERAL INFORMATION		
Name Last, First, Middle Initial	Social Security Number*	Date mm/dd/yy
Mailing Address Street, City, State, Zip		Telephone Area/No.
For WEOP Office Use Only ▶		WEOP Code

II. ELIGIBILITY CRITERIA

To be eligible for an initial TIP Grant award, a student must be a Wisconsin resident, a first-time freshman student, and meet at least **one** criterion under Group A: Financial Need Criteria, and **one** criterion under Group B: Nontraditional/Disadvantaged Criteria.

Group A: Financial Need Criteria Check All that Apply

- 1a. A dependent student whose expected parent contribution is \$200 or less.
- 1b. An independent student whose academic year contribution is \$200 or less.
- 2a. A dependent student whose family is receiving Temporary Assistance for Needy Families (TANF) benefits.
- 2b. An independent student who is receiving TANF benefits.
- 3a. A dependent student whose parent(s) are ineligible for unemployment compensation and has/have no current income from employment.
- 3b. An independent student and spouse, if married, who is/are ineligible for unemployment compensation and has/have no current income from employment.

Group B: Nontraditional/Disadvantaged Criteria Check All that Apply

- 1. The student is a member of one of the following minority groups: Check
 - a. Black/African-American
 - b. Hispanic or Latino
 - c. Asian/Pacific Islander
 - d. American Indian/Alaska Native
- 2. A student is or will be enrolled in a special academic support program due to insufficient academic preparation.
- 3. The student is a first-generation post-secondary student (i.e., neither parent graduated from a four-year college or university).
- 4. The student has a disability according to the Department of Health and Family Services, Division of Vocational Rehabilitation or according to the Special Needs or Disabilities Office on Wisconsin college or university campuses.
- 5. The student is currently or was formerly incarcerated in a correctional institution.
- 6. The student's environmental and academic background are such that they deter the pursuit of educational plans.

Important Notice

To continue to receive a grant after the freshman year, the student shall maintain half-time status per academic term and academic progress towards a degree, diploma, or certificate as determined by the institution the student is attending. The student shall maintain continuous enrollment for ten consecutive semesters to remain eligible for a grant award throughout the sophomore, junior, and senior years.

III. SIGNATURES

Students that file for financial aid as a dependent student must have parent's signature.

Signature of Student ▶	Date Signed Mo./Day/Yr.
Signature of Parent/Legal Guardian ▶	Date Signed Mo./Day/Yr.

* Collection of Social Security Number and other personally identifiable data is for official purposes only and will not be shared without written permission



PLEASE TYPE OR PRINT

I. GENERAL INFORMATION	
Name of Student	Social Security Number*
Mailing Address <i>Street City, State, Zip</i>	Telephone <i>Area/No.</i>
<i>If Student Filed as a Dependent, Name of Parent/Legal Guardian</i>	Social Security Number*
Mailing Address <i>Street City, State, Zip — If different than Student Named Above</i>	Telephone <i>Area/No.</i>

II. AUTHORIZATION/ACKNOWLEDGMENT	
----------------------------------	--

I/WE HEREBY AUTHORIZE the release of information from my son/daughter's file to the Department of Public Instruction-Wisconsin Educational Opportunity Programs (WEOP) for the purpose of educational guidance and to assist him/her with their educational goals.

I/WE HEREBY AUTHORIZE the Department of Public Instruction-Wisconsin Educational Opportunity Programs (WEOP) to release information from my son's/daughter's file to postsecondary institution for the purpose of educational guidance.

I/WE FURTHER ACKNOWLEDGE that I/we have been advised of my/our right to review my son's/daughter's file at the office of the Department of Public Instruction-Educational Opportunity Programs, during its regular office hours, upon first making the appointment for such review with an authorized representative of the Department of Public Instruction-Wisconsin Educational Opportunity Programs.

—All students that have filed for financial aid as a dependent student must have a parent signature.—

III. SIGNATURES	
-----------------	--

I HEREBY CERTIFY that the information provided in this application is true and correct to the best of my knowledge. I have been receiving assistance from the Wisconsin Educational Opportunity programs and authorize you to release any requested information to them.

Signature of Student ➤	Date Signed <i>Mo./Day/Yr.</i>
Signature of Parent/Legal Guardian ➤	Date Signed <i>Mo./Day/Yr.</i>

IV. ELIGIBILITY FOR SERVICES	
------------------------------	--

The above student is being assisted by the DPI-WEOP office. In order to clarify his/her eligibility for services, we need a copy of the student's:

Forward or Fax This Information as Soon as Possible to person listed below.

WEOP Office	Attention Of	Fax Number <i>Area/No.</i>	
Street Address	City	State WI	Zip Code

* Collection of Social Security Number and other personally identifiable data is for official purposes only and will not be released without written permission.

Please return your TIP application to the nearest WEOP location closest to you:

City	Contact Person	Address	Telephone/Fax
<u>Ashland</u>	<u>Ken Thornton</u> <u>Kenneth.thornton@dpi.wi.gov</u>	620 Beaser Avenue Ashland 54806	(715) 682-7975 FAX: (715) 682-7960
<u>Eau Claire</u>	<u>Mike Prasher</u> <u>Michael.prasher@dpi.wi.gov</u>	Wells Fargo Bank Building 204 E. Grand Avenue 5th Floor Eau Claire 54701	(715) 836-3171 FAX: (715) 836-5588
<u>Green Bay</u>	<u>Tammie Blaney</u> <u>Tammi.blaney@dpi.wi.gov</u>	2140 Holmgren Way Green Bay 54304	(920) 492-5745 FAX: (920) 492-5749
<u>Madison</u>	<u>Laurie Rasmussen</u> <u>Laurie.rasmussen@dpi.wi.gov</u>	P.O. Box 7841 Madison 53707-7841 Location: 125 S. Webster Street Room 309	(608) 267-1058 FAX: (608) 267-9286
<u>Milwaukee</u>	<u>Esteban Romero</u> <u>Esteban.romero@dpi.wi.gov</u>	101 W. Pleasant St. Suite 110 Milwaukee 53212	(414) 227-4466 FAX: (414) 227-4462
<u>Racine</u>	<u>Jackie Jones</u> <u>Jackie.jones@dpi.wi.gov</u>	2113 North Wisconsin Racine 53402	(262) 638-7370 FAX: (262) 638-7210
<u>Wausau</u>	<u>Sharon Hunter</u> <u>Sharon.hunter@dpi.wi.gov</u>	133 River Drive Wausau 54403	(715) 842-0871 FAX: (715) 845-8271