



FFWS STUDENT RESPONSE FORM 2019 - 2020

GRANT RECIPIENT INFORMATION

Name:	Gender: M F	Date of birth:	Race:
College ID number:	My Home Phone:	My Personal Cell Phone:	
Current address (where I receive my US mail):			
College/ University Attending:	City Location of College:	College Email address:	

INITIAL ELIGIBILITY VERIFICATION

In order to receive the grant, you must meet certain eligibility requirements that have been established by the Fund (which are described in more detail in the "Eligibility Requirements" on the next page). Although your school has made an initial determination that you are likely eligible for a grant, please certify that you meet each of the requirements by initialing each of the items below. ***If you are under the age of 18, your parents must also initial each of the items below.*** If you do not satisfy one or more of the eligibility requirements, do not initial that item and then provide an explanation as to why you do not meet the requirement in the space provided below (it is possible that even if you do not meet the eligibility requirement, under certain circumstances you might still be eligible for the grant).

_____ I am a resident of the State of Wisconsin for resident tuition purposes.		
_____ I have attended a Wisconsin <u>public</u> high school, <i>on-site and full-time</i> , during the last four semesters prior to graduation.		
_____ I have received a diploma from a Wisconsin public high school or a Wisconsin High School Equivalency Diploma (HSED) within the past 3 years.		
Name of High School:	City of High School:	Date of Graduation:
_____ I have not obtained a degree or diploma from a college, technical college or university and I am in my first year of college.		
I plan to complete a BA degree within the next six years. <input type="checkbox"/> yes <input type="checkbox"/> no	Major or program area of study _____ or <input type="checkbox"/> undecided	
_____ I have filed a Free Application for Federal Student Aid (FAFSA) and have qualified for a Federal Pell Grant.		

If you cannot initial one or more of the items above, please briefly explain why:

ACCEPTANCE, ACKNOWLEDGEMENT AND CONSENT

By signing the Acceptance and Acknowledgement below and returning it to the Fund you are agreeing-that the information described in the Acceptance, Acknowledgement and Consent may be provided to the persons described therein for the stated purposes set forth therein.

Unless I check the box on the next page indicating that I decline the grant, I hereby accept the grant from the Fund for Wisconsin Scholars, Inc. subject to the requirements and conditions described on this form. I agree:

(1) that my school, the State of Wisconsin Higher Educational Aids Board, the Department of Public Instruction and any other agency or party in possession of the following personal information may furnish such information to FFWS, which information will enable FFWS to (a) confirm my eligibility for a grant, (b) monitor the operation of the grant program at my school, (c) evaluate the success of the grant program, and (d) follow my progress through school:

- transcripts (courses taken, credits earned, semester gpa),
- where I am enrolled and the name of any school to which I might transfer,
- demographic information (gender, race, date of birth, 1st language, year in school, etc.),
- financial aid information,
- K-12 school academic records
- high school transcripts, and
- standardized tests scores.

(2) that FFWS may, in a confidential manner, provide this information to outside evaluators or consultants to assist FFWS in conducting financial reviews, verifications, or program evaluations and research.

(3) that I will enroll and participate in the FFWS web-based secure recipient information system, which will enable FFWS to (a) notify my school that I am a grant recipient, (b) send the grant money to my school, which my school will distribute to me (half of the grant will be given to me each semester), (c) upload and store my information specified above and (d) communicate with me by US mail or any electronic means, e.g. email, text, phone.



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ELIGIBILITY REQUIREMENTS

Unless an exception is granted by the Fund for Wisconsin Scholars, a candidate for a FFWS Grant awarded from an Institutional Allocation covered by the Agreement to which this exhibit is attached shall:

A. Initial Eligibility

1. Be a **resident of the State of Wisconsin** for resident tuition purposes pursuant to Wis. Stats. §36.27(2) or Wis. Stats. §38.22;
2. Have attended a **Wisconsin public high school**, on-site and full-time, as certified by the candidate, during the last four semesters prior to graduation;
3. Have received a diploma from a Wisconsin public high school or a Wisconsin High School Equivalency Diploma during the three years preceding commencement of college studies;
4. Be **twenty one years of age or younger** on the first day of September of the year of **initial** enrollment;
5. As of the date of record **be enrolled full time** in the **first year of studies** at a University of Wisconsin System university based in Wisconsin;
6. Have filed a Free Application for Federal Student Aid (FAFSA) resulting in qualification for, and receipt of a **Federal Pell Grant**;
7. Be in a **first degree or diploma program**; and
8. Be determined to have any **calculated unmet financial need** after all gift, scholarship and grant aid has been applied against the calculated financial need, as determined by the financial aid office (using applicable federal regulations for determining cost of attendance and expected family contribution). Loans (excluding, for purposes of clarity, loans obtained to pay all or a portion of the expected family contribution) and work study are not considered "aid" for these purposes.

B. Continuing Eligibility

1. Maintain **continuous, full-time enrollment** at *either* a University of Wisconsin System university *or* a two year University or Wisconsin College/Wisconsin Technical college, based in Wisconsin;
2. Be in a **first degree or diploma program**, or (a) if an initial technical diploma is obtained from a WTC Institution, have enrolled immediately in the succeeding fall or spring semester, as applicable, in an associate's degree program at a WTC Institution or UW Institution, or a four-year degree program at a UW comprehensive Institution, (b) if an initial associate's degree is obtained from a WTC Institution or UW Institution (including an initial associate's degree obtained after obtaining an initial technical diploma), have enrolled immediately in the succeeding fall or spring semester, as applicable, in a four-year degree program at a comprehensive UW Institution, (not a UW College);
3. File a Free Application for Federal Student Aid (FAFSA) each year;
4. Be determined to **have any calculated unmet financial need** after all gift, scholarship and grant aid has been applied against the calculated financial need, as determined by the financial aid office (using applicable federal regulations for determining cost of attendance and expected family contribution). Loans (excluding, for purposes of clarity, loans obtained to pay all or a portion of the expected family contribution) and work study are not considered "aid" for these purposes;
5. Have **continuously** received a Fund for Wisconsin Scholars Grant for **fewer than ten fall/spring semesters**, with no more than four semesters while enrolled in a technical degree program and no more than six semesters while enrolled in an associate's degree or BAAS program (but in no event more than a total of six semesters in a WTCS college or a UW college), which semesters must be consecutive; and
6. Be making **satisfactory academic progress** (as determined by federal financial aid criteria), toward a degree or diploma completion, as applicable.

ACCEPTANCE OR DECLINATION

_____ I hereby **ACCEPT** the grant from the Fund For Wisconsin Scholars, Inc.

_____ I hereby **DECLINE** the grant from Fund For Wisconsin Scholars, Inc.

SIGNATURES

FFWS or one of its representatives may contact me via letter, text, telephone and e-mail. The information above and on the previous page is accurate, and I agree to promptly notify FFWS should any of the information change.

Signature of applicant:

Date:

Signature of parent (if under age 18):

Date:

Please return this completed form FUND FOR WISCONSIN SCHOLARS OR FAX TO: 608.238.0044
BY OCTOBER 15th to: PO BOX 5506
MADISON, WI 53705