



FFWS *TRANSFER* 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 FFWS grant, please certify that you meet each of the requirements by initialing 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).

<input type="checkbox"/> I am a resident of the State of Wisconsin for resident tuition purposes.		
<input type="checkbox"/> I attended a Wisconsin <u>public</u> high school, <i>on-site and full-time</i> , during the last four semesters prior to graduation.		
<input type="checkbox"/> I 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:
<input type="checkbox"/> I transferred directly from a WTCS or UW two year College, which is the only post-secondary school I have attended		
Name of WTCS or UW two year College:	Number of Credits earned at this school and accepted by UW:	
I plan to complete a BA degree within the next five years <input type="checkbox"/> yes <input type="checkbox"/> no	Major or program area of study _____ or <input type="checkbox"/> undecided	
<input type="checkbox"/> 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 such as gender, race, date of birth, 1st language, year in school, etc.,
- financial aid information,
- K-12 academic records including 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 FFWS** enrollment;
 5. As of the date of record **be enrolled full time** in the **first semester of studies** at a University of Wisconsin System University based in Wisconsin;
 6. Have attended only a WTCS institution or UW two year college and transferred directly from that school with a minimum of 24 credits earned at the WTCS or UWC attended and which have been accepted by the University of Wisconsin System University now attending;
 7. Have filed a Free Application for Federal Student Aid (FAFSA) resulting in qualification for, and receipt of a **Federal Pell Grant**;
 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 a University of Wisconsin System university, based in Wisconsin;
 2. File a Free Application for Federal Student Aid (FAFSA) each year;
 3. 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;
 4. Have **continuously** received a Fund for Wisconsin Scholars Grant for **fewer than eight fall/spring semesters**, and
 5. 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 or other social media. 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 BY OCTOBER 15th to:

FUND FOR WISCONSIN SCHOLARS
PO BOX 5506
MADISON, WI 53705

OR FAX TO: 608.238.0044