



# State of Wisconsin Higher Educational Aids Board

P.O. Box 7885, Madison, WI 53707-7885  
 E-Mail: HEABmail@wisconsin.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

## ACADEMIC EXCELLENCE SCHOLARSHIP NOMINATING SCHOOL

SCHOOL NAME				
STREET ADDRESS				
CITY			STATE	ZIP
CONTACT			EMAIL	
HS CODE	ENROLLMENT	# OF ELIGIBLE AWARDS		

## ACADEMIC EXCELLENCE SCHOLARSHIP RECIPIENTS

<b>RECIPIENT 1</b>	STUDENT SSN	TITLE	Mr.	Ms.
FIRST NAME		MIDDLE		
LAST NAME		SUFFIX		
HOME ADDRESS				
CITY			STATE	ZIP
EMAIL ADDRESS		HOME PHONE	GPA	
COLLEGE				

<b>RECIPIENT 2</b>	STUDENT SSN	TITLE	Mr.	Ms.
FIRST NAME		MIDDLE		
LAST NAME		SUFFIX		
HOME ADDRESS				
CITY			STATE	ZIP
EMAIL ADDRESS		HOME PHONE	GPA	
COLLEGE				

<b>RECIPIENT 3</b>	STUDENT SSN	TITLE	Mr.	Ms.
FIRST NAME		MIDDLE		
LAST NAME		SUFFIX		
HOME ADDRESS				
CITY			STATE	ZIP
EMAIL ADDRESS		HOME PHONE	GPA	
COLLEGE				

<b>RECIPIENT 4</b>	STUDENT SSN	TITLE	Mr.	Ms.
FIRST NAME		MIDDLE		
LAST NAME		SUFFIX		
HOME ADDRESS				
CITY			STATE	ZIP
EMAIL ADDRESS		HOME PHONE	GPA	
COLLEGE				

<b>RECIPIENT 5</b>	STUDENT SSN	TITLE	Mr.	Ms.
FIRST NAME		MIDDLE		
LAST NAME		SUFFIX		
HOME ADDRESS				
CITY			STATE	ZIP
EMAIL ADDRESS		HOME PHONE	GPA	
COLLEGE				

<b>RECIPIENT 6</b>	STUDENT SSN	TITLE	Mr.	Ms.
FIRST NAME		MIDDLE		
LAST NAME		SUFFIX		
HOME ADDRESS				
CITY			STATE	ZIP
EMAIL ADDRESS		HOME PHONE	GPA	
COLLEGE				

## ACADEMIC EXCELLENCE SCHOLARSHIP ALTERNATES

HIGH SCHOOL GRADING SYSTEM	WEIGHTED	UNWEIGHTED
----------------------------	----------	------------

IS THE GRADING SYSTEM IN YOUR HIGH SCHOOL WEIGHTED OR UNWEIGHTED?

- If you have a weighted system, wherein an A is worth more in some courses than in others, then you automatically have alternates. List as your alternates the students with the next highest GPA's.
- If you have an unweighted system, you automatically have alternates but GPA must be at least 3.8.

<b>ALTERNATE 1</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME				MIDDLE	
LAST NAME				SUFFIX	
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS	HOME PHONE				GPA
COLLEGE					

<b>ALTERNATE 2</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME				MIDDLE	
LAST NAME				SUFFIX	
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS	HOME PHONE				GPA
COLLEGE					

<b>ALTERNATE 3</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME				MIDDLE	
LAST NAME				SUFFIX	
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS	HOME PHONE				GPA
COLLEGE					

<b>ALTERNATE 4</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME				MIDDLE	
LAST NAME				SUFFIX	
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS	HOME PHONE				GPA
COLLEGE					

<b>ALTERNATE 5</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME				MIDDLE	
LAST NAME				SUFFIX	
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS	HOME PHONE				GPA
COLLEGE					

<b>ALTERNATE 6</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME				MIDDLE	
LAST NAME				SUFFIX	
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS	HOME PHONE				GPA
COLLEGE					

<b>ALTERNATE 7</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					
<b>ALTERNATE 8</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					
<b>ALTERNATE 9</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					
<b>ALTERNATE 10</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					

Collection of the above information is a requirement of Statute 39.41. Personally identifiable information is used only for validation purposes and shall not be released without written permission.

**We cannot process AES nominations without a Social Security Number for each student included on this form.** 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.

**IMPORTANT! DO NOT SUBMIT this form unless the signature attest is checked and the signature is provided.**

**I attest that each student named on this form meets the Academic Excellence Scholarship requirements as defined under section 39.41, Wisconsin statutes.**

\_\_\_\_\_  
Name of School Representative Telephone

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Confirm E-mail address

\_\_\_\_\_  
School District

\_\_\_\_\_  
Signature of School Representative Date

<b>ALTERNATE 11</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					

<b>ALTERNATE 12</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					

<b>ALTERNATE 13</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					

<b>ALTERNATE 14</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					

<b>ALTERNATE 15</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					

<b>ALTERNATE 16</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					

<b>ALTERNATE 17</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					

<b>ALTERNATE 18</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					

<b>ALTERNATE 19</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					

<b>ALTERNATE 20</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					

<b>ALTERNATE 21</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					

<b>ALTERNATE 22</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					

<b>ALTERNATE 23</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					

<b>ALTERNATE 24</b>	STUDENT SSN		TITLE	Mr.	Ms.
FIRST NAME			MIDDLE		
LAST NAME			SUFFIX		
HOME ADDRESS					
CITY			STATE		ZIP
EMAIL ADDRESS		HOME PHONE			GPA
COLLEGE					