




State of Wisconsin
Higher Educational Aids Board


Tony Evers
Governor

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**NURSE EDUCATORS PROGRAM
LOAN ACCEPTANCE FORM: FELLOWSHIP**

Name of Student (Last, First) 			
Social Security Number			
Date of Birth			
Date Doctorate Attained		Doctorate School	
Doctorate Title			
Receive Prior WI NEP	<input type="checkbox"/> NO <input type="checkbox"/> YES, List Year:		
Expected Fellowship Start Date	Month:	Year:	

Total NEP Award 	\$75,000.00
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NOTE: Additional documents will be required prior to loan disbursement. Applicant will be contacted to either move forward with loan process or loan application will be denied.

I accept this loan and agree to all terms and conditions.	
_____	_____
Signature of Loan Holder	Date
I understand that I have three business days from the date of signature to cancel this loan without penalty. I understand that funds will not be requested or disbursed before this cancellation period has ended. I further understand that if I do not contact the Higher Educational Aids Board within three business days to cancel this loan that I have accepted this loan and funds can be disbursed.	

Recipient Initials	

Applicant may cancel this loan within three business days; sign below and return it to the Higher Educational Aids Board.

I am cancelling this loan. _____
Applicant Signature Date

NOTE: Awards will be made directly to the recipient. The awards may be subject to Federal and State of Wisconsin income tax; however, award recipients should consult with their tax advisor regarding federal and state income tax. HEAB will file a 1099-MISC with the IRS to report the award disbursement. A copy of the filed 1099-MISC will be sent to the award recipient.