

## Wisconsin Department of Public Instruction WISCONSIN EDUCATIONAL OPPORTUNITY PROGRAM (WEOP)

TIP GRANT APPLICATION

PI-1577 (Rev. 05-2020)

FOR DPI USE ONLY	Date Received:
	Date Completed:

## I. INSTRUCTIONS

- 1. Complete all sections of the application form. Incomplete applications will not be processed.
- 2. To ensure safe-keeping of the applicant's personal identifying information, we require that only the last four digits of the social security number be placed on this form. Upon receipt, a DPI-WEOP staff person will contact the applicant or parent/guardian by phone to obtain the student's remaining social security digits which are required for processing.
- 3. Obtain all necessary signatures. Unsigned applications cannot be approved.
- 4. If you filed the FAFSA as a dependent student, you are also considered a dependent student for the TIP Grant.
- 5. Submit the completed application with a copy of your Student Aid Report (SAR) from the FAFSA.gov website AND proof of acceptance (acceptance letter, class schedule or financial aid award letter) at a Wisconsin university, technical college, private independent college or university, or a tribal college. Applications cannot be processed until all attachments are received.
- 6. Submit the completed application and required attachments to the DPI-WEOP office nearest to you.

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II. STUDENT INFORMATIO					RMATION							
Student's First Name		Middle Initial		Last	Nam	ne						
Home Phone Area/No.  Cell Phone Area				Date	Date of Birth Mo./Day/Yr.			Gender				
									/lale	Ш	emale	Other
Personal E-Mail Address					Last 4 Digits of Social Security Number IMPORTANT See bullet #2 in Instructions above.							
Mailing Address Street				City	City State						ZIP	
High School Currently or Previously Attended City and S				tate School is Located  Year of Graduation or I  of GED						ation or Date		
Independent Student for FAFSA F	Purposes	U.S	. Citizen		If Not a U.S. Citizen, Are You a Permanent Ro					ent Resident		
If yes, skip Section III  Yes No			Yes	☐ No ☐ Yes ☐ No								
Were You in Foster Care After Age 13 Response may be used to assess eligibility for other financial aid opportunities.  Yes  No				assess	Which Semester Will You Start College  Fall Semester Spring Semester							
Name of College Planning to Attend					City State					State		
Traine of Conogo Framming to Attorna							J,					
			III. PAF	RENT I	NFO	RMATION						
First Parent's First Name	Last Name	<sup>t</sup> Name			Second Parent's First No			ne Last Name				
Phone Area/No.	Cell Phone Area/No.				Phone Area/No. Cel			Cell Ph	Phone <i>Area/No.</i>			
E-Mail Address					E-N	Mail Address			•			

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## IV. AWARD CRITERIA

In order to receive a TIP grant, a student must:

- 1. be accepted to a Wisconsin university, technical college, private independent college or university, or a tribal college;
- 2 be a Wisconsin resident
- 3. be a first-time college student—a first-time college student is a student who has been enrolled in a postsecondary institution for less than two semesters at half-time or more;
- 4. complete the Free Application for Federal Student Aid (FAFSA); AND
- 5. meet at least one of the criterion under Group A and one criterion under Group B below.

GROUP A: Financial Need Criteria Check all that apply.  ☐ 1a. A dependent student's expected parent contribution is \$200 or less.  ☐ 1b. An independent student's expected contribution is \$200 or less.  ☐ 2a. A dependent student's family is receiving Temporary Assistance for Needy Families (TANF) benefits. List the TA family receives  ☐ 2b. An independent student who is receiving TANF benefits. List the TANF benefit that you or your family receives  ☐ 3a. A dependent student's parent(s) are ineligible for unemployment compensation and has/have no current income from the property of th	om employment.				
GROUP B: Nontraditional/Disadvantaged Criteria Check all that apply.  A student is or will be enrolled in a special academic support program due to insufficient academic preparation.  The student is a first-generation postsecondary student (neither parent graduated from a four-year college or university).  The student is disabled according to the Department of Health and Social Services, Division of Vocational Rehabilitation records.  The student is currently or was formerly incarcerated in a correctional institution.  The student's environmental and academic background is such that it deters the pursuit of educational plans.					
V. CERTIFICATION / SIGNATURES					
I/WE AUTHORIZE THE RELEASE of information of my own/my son's/my daughter's file to the Department of Public Instruction Wisconsin Educational Opportunity Program (DPI WEOP), the student's parent(s)/guardian(s), the student's secondary school, and/or the student's post-secondary institution for purposes of educational guidance and to assist the student to achieve his/her educational goals.  All students that are considered dependent for financial aid purposes must include a parent's signature. Unsigned applications will not be processed.					
Student Signature	Date Signed Mo./Day/Yr.				
>					
Parent/Guardian Signature	Date Signed Mo./Day/Yr.				

	WEOP OFFICE LOCATIONS					
City	Address	Phone / FAX				
Ashland	620 Beaser Street Ashland WI 54806	P: (715) 682-7975 F: (715) 682-7960				
Eau Claire	402 Graham Avenue, 2 <sup>nd</sup> Floor Eau Claire WI 54701	P: (715) 836-3171 F: (715) 836-5588				
Green Bay	2140 Holmgren Way Green Bay WI 54304	P: (920) 492-7185 F: (888) 333-2371				
Milwaukee	101 W. Pleasant Street, Suite 110 Milwaukee WI 53212	P: (414) 220-6817 F: (414) 227-4462				
Wausau	2600 Stewart Avenue, Suite 274 Wausau WI 54401	P: (715) 842-0871 F: (715) 845-8271				