

## Wisconsin Department of Public Instruction WISCONSIN EDUCATIONAL OPPORTUNITY PRO

## WISCONSIN EDUCATIONAL OPPORTUNITY PROGRAM (WEOP) TIP GRANT APPLICATION

PI-1577 (Rev. 08-2022)

| FOR<br>DPI  | Date Received:  |
|-------------|-----------------|
| USE<br>ONLY | 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.

|  |   |                      |                   |   |  |                           | , |  |                     |  |       |  |  |
|--|---|----------------------|-------------------|---|--|---------------------------|---|--|---------------------|--|-------|--|--|
|  |   | II. STUDENT INFO     |                   |   | FO   | RMATION                   |   |  |                     |  |       |  |  |
| Student's First Name   |   | Middle               | iddle Initial La  |   | ast Name   |                           |   |  |                     |  |       |  |  |
|  |   |                      |                   | i<br>!<br>!<br>!                                  |  |                           |   |  |                     |  |       |  |  |
| Home Phone Area/No. Cell Phone Area  |   |                      | a/No.             |   |  | Date of Birth Mo./Day/Yr. |   |  | Gender              |  |       |  |  |
|  |   |                      |                   |   |  |                           |   |  | Male Female Other   |  |       |  |  |
| Personal E-Mail Address  |   |                      |                   |   | Last 4 Digits of Social Security Number IMPORTANT See bullet #2 in Instructions above. |                           |   |  |                     |  |       |  |  |
| Mailing Address Street   |   |                      |                   | City State Z                                      |  |                           |   |  | ZIP                 |  |       |  |  |
|  |   |                      |                   |   |  |                           |   |  |                     |  |       |  |  |
| High School Currently or Previously Attended City and  |   |                      | City and St       | State School is Located Year of Graduation of GED |  |                           |   |  | tion or Date        |  |       |  |  |
|  |   |                      |                   |   |  |                           |   |  |                     |  |       |  |  |
| Independent Student for FAFSA Purposes U.S. Citizer If yes, skip Section III   |   |                      | _                 | If Not a U.S. Citizen, Are You a Permanent F      |  |                           |   |  | ent Resident        |  |       |  |  |
| Yes No   |   |                      |                   | ☐ No ☐ Yes ☐ No                                   |  |                           |   |  |                     |  |       |  |  |
| Were You in Foster Care After Age 13 Response may be used to assess eligibility for other financial aid opportunities. |   |                      |                   | ssess   | Which Semester Will You Start College  |                           |   |  |                     |  |       |  |  |
| Yes No   |   |                      |                   |   | ☐ Fall Semester ☐ Spring Semester  |                           |   |  |                     |  |       |  |  |
| Name of College Planning to Attend   |   |                      |                   |   |  | City                      |   |  |                     |  | State |  |  |
|  |   |                      |                   |   |  |                           |   |  |                     |  |       |  |  |
|  |   |                      | III. PAF          | RENT IN   | ΙFΟ  | RMATION                   |   |  |                     |  |       |  |  |
| First Parent's First Name Last Name  |   |                      | Second Parent's I |   |  | irst Name Last Na         |   |  | ате                 |  |       |  |  |
|  | į |                      |                   |   |  |                           |   |  |                     |  |       |  |  |
| Phone Area/No. Cell P  |   | hone <i>Area/No.</i> |                   |   | Phone Area/No.   |                           |   |  | Cell Phone Area/No. |  |       |  |  |
|  |   |                      |                   |   |  |                           |   |  |                     |  |       |  |  |
| E-Mail Address   |   |                      |                   | E-Mail Address                                    |  |                           |   |  |                     |  |       |  |  |
|  |   |                      |                   |   |  |                           |   |  |                     |  |       |  |  |

.

Page 2 PI-1577

## 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.             |  |  |  |  |
|--|----------------------------|--|--|--|--|
| 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 F Educational Opportunity Program (DPI WEOP), the student's parent(s)/guardian(s), the student's secondary school, 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. Unsign processed.   | and/or the student's post- |  |  |  |  |
| Student Signature  | Date Signed Mo./Day/Yr.    |  |  |  |  |
| >  |                            |  |  |  |  |
| Parent/Guardian Signature  | Date Signed Mo./Day/Yr.    |  |  |  |  |
| >  |                            |  |  |  |  |
|  |                            |  |  |  |  |

|            | WEOP OFFICE LOCATIONS  |  |  |  |  |  |
|------------|--|--|--|--|--|--|
| City       | Address  | Phone / FAX                            |  |  |  |  |
| Ashland    | 801 Lake Shore Drive W<br>Ashland, WI 54806                      | P: (715) 682-7975<br>F: (715) 682-7960 |  |  |  |  |
| Eau Claire | 402 Graham Avenue, 2 <sup>nd</sup> Floor<br>Eau Claire, WI 54701 | P: (715) 836-3171<br>F: (715) 836-5588 |  |  |  |  |
| Green Bay  | 2140 Holmgren Way<br>Green Bay, WI 54304                         | P: (920) 492-7185<br>F: (888) 333-2371 |  |  |  |  |
| Milwaukee  | 1555 N. Rivercenter Drive, Suite 210<br>Milwaukee, WI 53212      | P: (414) 220-6817<br>F: (414) 227-4462 |  |  |  |  |
| Wausau     | 2600 Stewart Avenue, Suite 274<br>Wausau, WI 54401               | P: (715) 842-0871<br>F: (715) 845-8271 |  |  |  |  |