



Wisconsin Department of Public Instruction
GEAR UP SCHOLARSHIP
REQUEST FOR AN EXCEPTION TO
CONTINUOUS ENROLLMENT REQUIREMENT
 PI-5107 (Rev. 02-22)

INSTRUCTIONS: Return this form and the required documentation to:
DPI WEOP - GEAR UP SCHOLARSHIP PROGRAM
1555 NORTH RIVERCENTER DRIVE, SUITE 210
MILWAUKEE, WI 53212
OR
Fax to: (414) 227-4462

GENERAL INFORMATION			
Student First Name	Student Last Name	Social Security <i>Last Four Digits</i>	
Current Mailing Street Address	City	State WI	Zip Code
Student's Email Address		Phone No. <i>Area Code/No.</i>	
Date Student Stopped Attending Classes <i>Mo./Yr.</i>	Date Student Re-Enrolled <i>Mo./Yr.</i>	College or University Where Student Re-Enrolled	

REASON NOT ENROLLED

Reason Student was not Enrolled

Provide a brief description of the circumstances which prevented the student from attending classes:

SIGNATURE

This request is submitted by *Check one.*

The student.

Signature of Student



Date Signed *Mo./Day/Yr.*

OR

A school financial aid administrator or a WEOP counselor, on the student's behalf.

Signature of WEOP Education Specialist



Date Signed *Mo./Day/Yr.*

DPI GEAR UP PROJECT COORDINATOR USE ONLY

This request for an exception to the continuous enrollment requirement for the Gear UP Scholarship is:

Approved

Denied

Signature of WEOP Project Coordinator



Date Signed *Mo./Day/Yr.*