

Wisconsin Department of Public Instruction WISCONSIN EDUCATIONAL OPPORTUNITY F

WISCONSIN EDUCATIONAL OPPORTUNITY PROGRAM (WEOP) GEAR UP SCHOLARSHIP APPLICATION

PI-5108 (Rev. 08-2022)

	Date Received:
FOR DPI	
USE ONLY	Date Completed:

1 1-5 100 (Nev. 00-2022)						ONLY	Date Completed.						
-			I. STUD	ENT IN	FORMA	TION							
Student's First Name	٨	Aiddle Initial	Last Name				Date of Birth <i>Mo./Day/Yr</i> . Gender Male Female					emale	
Home Phone Area/No.	Cell Phone	Area/No.	Personal E-Mai	il Addres	s			identifying information, we			of the applicant's personal ve require that only the last		
Mailing Address Street			City State ZIP			ZIP		four digits of the social security number be placed of this form. Upon receipt, a DPI-WEOP staff perso will contact the applicant or parent/guardian be phone to obtain the student's remaining social security digits which are required for processing				person dian by social	
High School Currently Atte	ending/Grad	luated From		Year of GED	f Gradua	ation or	r Date		,			•	,
Independent Student for FAFSA Purposes If yes, Skip Section II Yes No			Which Semester Will You Start College Fall Semester Spring Sem			_		U.S. Citizen If Not a U.S. Citizen, Ar a Permanent Resident? Yes No					
Name of College Planning	g to Attend					City					State		
			II. PAR	ENT INF	ORMA	TION							
First Parent's First Name Last Name			Second Pare			d Parei	nt's <i>Fir</i> s	st Name	Last	Name	Name		
Phone Area/No. Cell Phone A			Area/No. Phone Area/N			Vo.	Cell Phone Area/No.			rea/No.			
E-Mail Address	•				E-Mail	Addres	ss		1				
			III. CERTIFI	ICATION	I / SIGN	ATURE	ES						
As student and/or parent(state) (1) AUTHORIZE THE REST financial aid, academi (2) AUTHORIZE THE REST (a) The Department of (b) My/my child's section (c) My/my child's post (d) AUTHORIZE THE REST (a) Educational guidat (b) Assistance in achild (c) Determining schold	ELEASE OF ic enrollment ELEASE OF of Public Inst ondary scho tsecondary i ELEASE OF ince; ieving educa	t, and acade AND REQU truction Wiscool; and institution; AND REQU ational goals;	mic progress; EST FOR such i consin Education EST FOR such i	informati Opportu	on to/fro	om: gram ([DPI WE	EOP);	but not li	imited to,	informat	tion reg	garding
Student Signature							Date S	Signed N	lo./Day.	/Yr.			
>													
Parent/Legal Guardian Sig							Date S	Signed <i>N</i>	1o./Day/	Yr.			

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IV. INSTRUCTIONS

- 1. Complete all sections of the application form. Incomplete applications will not be processed.
- 2. Obtain all necessary signatures. Unsigned applications cannot be approved.
- 3. If you filed the FAFSA as a dependent student, you are also considered a dependent student for the GEAR UP Scholarship.
- 4. Submit the completed application with a copy of your financial aid award letter from a Wisconsin university, technical college, private independent college or university, or a tribal college (if you were enrolled in GEAR UP after August 2019 AND completed dual enrollment or micro-credentials, a copy of the associated transcripts are required).
- 5. Submit the completed application and required attachments to the DPI-WEOP office nearest to you.

	WEOP OFFICE USE ONLY	
Applicant is a:		
Grant 3 GU Participant		
Grant 4 GU Participant		
Outreach		

	WEOP OFFICE LOCATIONS	
City	Address	Phone / FAX
Ashland	801 Lake Shore Drive W Ashland, WI 54806	P: (715) 682-7975 F: (715) 682-7960
Eau Claire	402 Graham Avenue, 2 nd 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	1555 N. Rivercenter Drive, Suite 210 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