

Wisconsin Department of Public Instruction WISCONSIN EDUCATIONAL OPPORTUNITY PROGRAM (WEOP) GEAR UP SCHOLARSHIP APPLICATION PI-5108 (Rev. 05-2020)

	Date Received:
FOR DPI	
USE	Data Complete

Τ.

Date Completed: ONLY

			I. STUD	DENT INF	ORMA	ΓΙΟΝ		-				
Student's First Name		Middle Initial	Last Name					Date of Birth M	o./Day/\	r. Gen	der	
											Male	Female
Home Phone Area/No.	Cell Phor	ne Area/No.	Personal E-Mai	il Addres:	S			Last 4 Digits of	Social S	Security	Number	*
								To ensure safe-keeping of the applicant's per identifying information, we require that only the four digits of the social security number be place			t only the last	
Mailing Address Street			City		State	ZIP		this form. Upor	n receip	ot, a DP	I-WEOP	staff person
								will contact the phone to obtain	ain the	studen	it's rem	aining social
High School Currently Atte	anding/Gr	aduated From		Vear of	Gradua	ation or Da	ate	security digits	which	are requ	lired for	r processing.
Thigh bolioor ourrently Alle	/iuiig/Ore			of GED								
Independent Student fo If yes, Skip Section II	or FAFS/	A Purposes	Which Semeste	_	_	-		U.S. Citizen	, a	Not a L Perman		zen, Are You ident?
Yes No			Fall Seme	ster	Sprir	ig Semeste	er	Yes	] No	Ye:	3	No
Name of College Planning	to Attend					City					State	
			II. PAR		ORMA			-				
First Parent's First Name		Last Name			Secon	d Parent's	Firs	t Name	Last N	ame		
Phone Area/No. Cell Phone Area/No.			rea/No.		Phone Area/No.				Cell Pl	none Are	≥a/No.	
E-Mail Address					E-Mail	Address						
			III. CERTIF	ICATION	/ SIGN	ATURES						
As student and/or parent(s	,											
(1) AUTHORIZE THE RE financial aid, academic				rmation f	rom my	own/child	's fil	e including, but	not lim	ited to, i	nformat	ion regarding
(2) AUTHORIZE THE RE												
(a) The Department of Public Instruction Wisconsin Education Opportunity Program (DPI WEOP);												
<ul> <li>(b) My/my child's secondary school; and</li> <li>(c) My/my child's postsecondary institution;</li> </ul>												
(3) AUTHORIZE THE RELEASE OF AND REQUEST FOR such information for the following purpose:												
(a) Educational guidar	nce;											
(b) Assistance in achie	-	-	; and/or									
(c) Determining schola	arsnip elig	Jidility.										
Student Signature										Date S	igned M	lo./Day/Yr.
Parent/Legal Guardian Sig	Inature									Date S	igned M	lo./Day/Yr.
$\triangleright$												

\*Collection of the Social Security Number and other personal information is for official purposes and will not be released without written permission from the applicant and their parent/legal guardian if a dependent.

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	620 Beaser Ashland WI		P: (715) 682-7975 F: (715) 682-7960				
Eau Claire	402 Grahan Eau Claire \	n Avenue, 2 <sup>nd</sup> Floor VI 54701	P: (715) 836-3171 F: (715) 836-5588				
Green Bay	2140 Holmg Green Bay		P: (920) 492-7185 F: (888) 333-2371				
Milwaukee	101 W. Plea Milwaukee	asant Street, Suite 110 NI 53212	P: (414) 220-6817 F: (414) 227-4462				
Wausau	2600 Stewa Wausau WI	rt Avenue, Suite 274 54401	P: (715) 842-0871 F: (715) 845-8271				