

Dear Senior:

The Wisconsin Educational Opportunity Program welcomes your interest in the Talent Incentive Program (**TIP**) Grant. To receive a TIP Grant, you must:

- Be entering a Wisconsin public, private, or technical college as a first-time freshman
- Be a citizen or permanent resident of the United States
- Meet at least one of the criteria under Group A (*financial need*) and one criteria under Group B (*non-traditional/disadvantaged*) on page 2 of the attached application

The TIP Grant ranges from \$600-1800 each academic year and is renewable for up to 5 years of enrollment.

**The following items are required in order to complete the application process:**

1. The attached WEOP application (fill in all boxes)
2. A copy of your FAFSA SAR (Student Aid Report)
3. A copy of your acceptance letter to college
4. A copy of your financial aid award offer (the list of loans, grants, and scholarships the college is offering you). *Your financial aid award offer may not be available until late spring/early summer.*

**You may mail, email, or fax the above items to my attention.** The above items are available to you at different times, so please send the application first and then send the accompanying items as you receive them. The TIP Grant is awarded on a first-come, first-served basis. I will correspond with all applicants via email, so please be sure to include an email address on your application that you will be checking often in 2014-15. It is also important that you include your social security number on the application, or we will not be able to consider your application.

Please let me know if you have any questions. I am happy to help in any way I can.

Sincerely,

Aubrey Schramm  
Education Specialist  
2140 Holmgren Way, Suite 0040  
Green Bay, WI 54304  
(920) 492-7180  
[Aubrey.schramm@dpi.wi.gov](mailto:Aubrey.schramm@dpi.wi.gov)



**INSTRUCTIONS:** Complete and return application to the DPI-WEOP location nearest you. Locations are listed on the final page of this application. Applications will not be accepted without signatures.

**PLEASE TYPE OR PRINT**

The WEOP application form shall be used to apply for the Talent Incentive Program (TIP) Grant, the GEAR UP Scholarship Program, the GEAR UP Program, the Early Identification Program (EIP), the federal TRIO Talent Search and Upward Bound Programs, and the State Talent Search Program.

- If you are currently enrolled in grades 6, 7, 8, 9, 10, or 11, complete Sections I, II, IV, and V only  
 If you are a high school senior or older, complete Sections I, II, and III only.

I. STUDENT INFORMATION								
Student's First Name		Middle Initial	Last Name			Social Security Number*	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth Mo./Day/Yr.		Home Phone Area/No.	Cell Phone Area/No.	E-Mail Address				
Mailing Address Street		City	County		State	ZIP	Student's School ID No.	
School District of Residence				If enrolled in Middle or High School, Current Grade Attending <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12				
Name of <input type="checkbox"/> Middle School <input type="checkbox"/> High School Currently or Last Attended		School Address Street, City, County, State, ZIP				Year of Graduation		
Is this student Choose one <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <i>Respondents are asked to respond to this question and to indicate one or more of the five racial categories.</i>			Choose one or more <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Two or more					
II. HOUSEHOLD INFORMATION								
Who Do You Live With? Check all that apply <input type="checkbox"/> Alone <input type="checkbox"/> Parent(s) <input type="checkbox"/> Relative <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian <input type="checkbox"/> Children <input type="checkbox"/> Roommate(s) <input type="checkbox"/> Other Specify						Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married		
Have You Lived in Wisconsin the Past Five Years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, for how long?</i>			U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Are you a permanent resident?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Mother's Last Name		First Name		Father's Last Name		First Name		
Work Phone Area/No.		Cell Phone Area/No.		Work Phone Area/No.		Cell Phone Area/No.		
E-Mail Address				E-Mail Address				
Has Your Mother Graduated from a four-year college? <input type="checkbox"/> Yes <input type="checkbox"/> No				Has Your Father Graduated from a four-year college? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does Your Mother Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, What Language Is Spoken At Home?		Does Your Father Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, What language is spoken at home?		
How Many People Live in Your Household Including Yourself?		Family Taxable Household Income from Last Year's 1040 Federal Tax Return or Non-Taxable Income		Check Benefits You and Your Family Receive <input type="checkbox"/> Food Stamps <input type="checkbox"/> Free Lunch/Reduced Meals <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> BadgerCare/Medicaid				
How Did You Hear About This Program				Check if you belong to one of these programs <input type="checkbox"/> EIP <input type="checkbox"/> GEAR UP <input type="checkbox"/> Upward Bound <input type="checkbox"/> Talent Search				

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

Student Name *Last, First*

**III. COLLEGE PLANS**

Name of College Planning to Attend		Address <i>Street, City, State, ZIP</i>	
Second Choice of College Planning to Attend		Address <i>Street, City, State, ZIP</i>	
What do you plan to study?		Length of Program of Study <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> Other <i>Specify</i>	
Date School Begins <i>Mo./Day/Yr.</i>	Have you applied for admission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently or previously attending college? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of the college attending or attended.	
Date Entered <i>Mo./Day/Yr.</i>	Date Left <i>Mo./Day/Yr.</i>	Number of Credits Earned	
College Entrance Exam <i>Check one</i> <input type="checkbox"/> ACT <input type="checkbox"/> SAT <input type="checkbox"/> PSAT <input type="checkbox"/> None		If GED Received, Date and Location Received	

To be eligible for an initial TIP award, a student must be a Wisconsin resident, a first-time freshman student, and meet at least one criterion under Group A and one criterion under Group B.

**Group A: FINANCIAL NEED CRITERIA** *Check all that apply.*

- 1a. A dependent student whose expected parent contribution is \$200 or less.
- 1b. An independent student whose expected contribution is \$200 or less.
- 2a. A dependent student whose family is receiving Temporary Assistance for Needy Families (TANF) benefits.
- 2b. An independent student who is receiving TANF benefits.
- 3a. A dependent student whose parent(s) are ineligible for unemployment compensation and has/have no current income from employment.
- 3b. An independent student and spouse, if married, who is/are ineligible for unemployment compensation and has/have no current income from employment.

**Group B: NONTRADITIONAL/DISADVANTAGED CRITERIA** *Check all that apply.*

- 1. The student is or will be enrolled in a special academic support program due to insufficient academic preparation.
- 2. Neither of the student's parents graduated from a four-year college or university.
- 3. The student is handicapped according to the Department of Workforce Development, Division of Vocational Rehabilitation records or the Special Needs or Disabilities Office on Wisconsin college or university campuses using the ADA definition.
- 4. The student is currently or was formerly incarcerated in a correctional institution.
- 5. The student's environmental and academic background is such that it deters the pursuit of educational plans.

**CERTIFICATION SIGNATURE**

I/WE CERTIFY that the information provided is correct and subject to verification as needed.

I/WE AUTHORIZE the release of information for my son/daughter's file to the Department of Public Instruction Wisconsin Educational Opportunity Program (DPI-WEOP) and postsecondary institutions for the purpose of educational guidance and to assist him/her with their educational goals.

I/WE ACKNOWLEDGE that I/we have been advised of my/our right to review my son/daughter's file at the office of the DPI-WEOP during its regular office hours, upon first making the appointment for such review with an authorized representative of the DPI-WEOP.

All students that have filed for financial aid as a dependent must include a parent's signature.

**STUDENT / PARENT**

Signature of Student	Date Signed <i>Mo./Day/Yr.</i>	Signature of Parent/Legal Guardian	Date Signed <i>Mo./Day/Yr.</i>

**WEOP OFFICE USE ONLY**

WEOP Office	Attention Of	WEOP Fax Number	Item Requested	Program <input type="checkbox"/> TIP
TIP Nomination Date		School Code	Amount	<input type="checkbox"/> GEAR UP
GEAR UP Scholarship Date		School Code	Amount	<input type="checkbox"/> GEAR UP Outreach
				<input type="checkbox"/> State Talent Search