



**2009-10 ILLINOIS SPECIAL EDUCATION
TEACHER TUITION WAIVER (SETTW)
APPLICATION/TEACHING AGREEMENT/PROMISSORY NOTE**

1755 Lake Cook Road
Deerfield, IL 60015-5209
800.899.ISAC (4722)
Web site: collegezone.com
mail: collegezone@isac.org

The complete application must be postmarked on or before March 1, 2009 for priority consideration
WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to prosecution to the fullest extent of the law.

SECTION A — Applicant Information

Complete all applicable items on this application according to the instructions on Page 2. This application is only valid for the 2009-10 academic year.

- -

Social Security Number Name (Last, First, Middle Initial, include prior name, if applicable)

Permanent Home Address Area Code Telephone Number

-

City State ZIP Code Drivers License or State ID Number or indicate none

/ / Name of the Illinois public college you will attend College Code

CHECK ONE:

I will or have graduated from high school in the 2008-2009 academic year

I graduated from high school prior to the 2008-2009 academic year and do not hold a teaching certificate

I graduated from high school prior to the 2008-2009 academic year and hold a teaching certificate in an area other than special education.

**ALL APPLICANTS GRADUATING FROM HIGH SCHOOL IN THE 2008-09 ACADEMIC YEAR MUST HAVE SECTION C COMPLETED BY THEIR HIGH SCHOOL OFFICIAL
ALL CERTIFIED TEACHERS MUST COMPLETE SECTION B.**

REFERENCES – ALL APPLICANTS MUST PROVIDE ONE ADULT REFERENCE.

Family Member: Parent Other relative Non Relative Relationship if not parent _____

Name _____ Telephone Number () _____

Permanent Home Address _____ City _____ State _____ ZIP Code _____

TEACHING AGREEMENT/PROMISSORY NOTE

PROMISE TO PAY: If awarded this tuition waiver, I promise to teach for two years for any assistance received through the Illinois Special Education Teacher Tuition Waiver Program. I will fulfill my teaching requirement when I teach for two years in the field of special education on a full-time basis at a nonprofit Illinois public, private or parochial school. I will begin my teaching obligation within one year after graduation from or termination of enrollment in a teacher education program. I will fulfill this teaching requirement within five years following my graduation and/or receiving my initial Special Education Teacher Certification. My termination of enrollment or failure to fulfill this teaching requirement will convert the tuition waiver into an interest-bearing loan. I understand the interest will accrue at a rate of 5% per year. I understand that this agreement obligates me to teach for two years or to repay ISAC, or its designee, a sum equal to the amount of the tuition waiver(s) credited to me plus interest. I understand ISAC will prorate the repayment obligation according to the fraction of the teaching requirement not completed. I also understand that I may cancel this scholarship, without any cost by returning all proceeds that were issued for my benefit, provided that the proceeds are returned prior to the end of the academic year in which they were received.

My signature certifies that I have read, understood, and agreed to the terms and conditions described above and on Page 2 of this form, even if I was advised otherwise, and I meet all eligibility requirements stated herein. I certify that I will or have graduated from an approved high school. I have kept a copy of this document for my records.

Applicant Signature (must be in ink) _____ Date _____

SECTION B - Required For Certified Teachers Only

I am a certified teacher in the State of Illinois and I am seeking an initial certification in special education. I do not have a Type 10 Special Education Certificate. I am now certified to teach:

Area of Certification (A copy of your certificate must be attached.) _____ Type (Number) _____

APPLICANT SIGNATURE _____ DATE _____

SECTION C - High School Information For Applicants Who are Graduating From High School in the 2008-09 Academic Year

This section must be completed and signed by an authorized High School Official.

Illinois High School Name _____ Six Digit ACT High School Code Number

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Area Code Telephone Number ZIP Code County

Rank in High School Class (See Instructions on reverse side)	Number in Graduating Class	Year of Graduation 2008-09 Academic Year	Report the highest ACT or SAT I test score result for tests taken three or four semesters prior to graduation.
			Student's ACT Composite Score <input type="text"/> or VERBAL <input type="text"/> MATH <input type="text"/> SAT 1 <input type="text"/> ISAC Use Only <input type="text"/>

I certify, under the penalties of perjury as provided by law, that the high school information above is true and correct to the best of my knowledge and belief.

SIGNATURE OF AUTHORIZED HIGH SCHOOL OFFICIAL _____ TITLE _____ DATE _____

**Mail only page 1 of the completed SETTW Application/Teaching Agreement/Promissory Note to:
D1B, SETTW Processing, ISAC, 1755 Lake Cook Road, Deerfield, IL 60015-5209**

**2009-10 Illinois Special Education Teacher Tuition Waiver (SETTW)
Application/Teaching Agreement/Promissory Note
INSTRUCTIONS AND TERMS AND CONDITIONS**

Instructions: All applicable sections of the form must be complete. The complete application must be postmarked on or before March 1, 2009 for priority consideration. If the application is incomplete, ISAC will notify the applicant. The application will be considered for processing as of the date the student section is complete and received in ISAC's Deerfield Office.

Section A. Applicant Information:

- All applicants must complete this section. ISAC will only accept applications with an original ink signature.
- A listing of Illinois 4-year public colleges approved to participate in the SETTW Program (providing the college offers a concentration in special education) including each college's 6-digit code, is available online at collegezone.com. You may also contact a College Zone Counselor via telephone at 800.899.4722 or e-mail at collegezone@isac.org.

Section B. Certified Teachers Only:

- Must be seeking an initial teacher certification in a special education discipline and sign the section designated (B) "Required For Certified Teachers Only."
- Submit a photocopy of your current teaching certificate(s) with this application.

Section C. High School Information For Applicants Who Are Graduating From High School in the 2008-09 Academic Year:

- Must be completed by the authorized high school official in the approved high school from which the applicant will graduate or has graduated in the 2008-09 academic year.
- Use sixth semester rank in class for students graduating in May/June 2009.

Notifications of awards will be made by mail on or before July 1, 2009.

STUDENT CERTIFICATION:

I certify, under the penalties of perjury as provided by law, that the following statements are true and correct to the best of my knowledge and belief:

1. the information I disclosed on this application is true and complete;
2. I am not in default on an educational loan and do not owe a refund on any federal or state grants;
3. I have read the disclosures contained in this Application/Teaching Agreement/Promissory Note and understand the conditions of this tuition waiver; and
4. I have complied with federal Selective Service registration requirements.

ADDITIONAL AGREEMENTS:

1. I agree to maintain eligibility for this tuition waiver by:
 - a. enrolling at an eligible Illinois postsecondary college approved for participation in the program;
 - b. registering in a program leading to an initial teacher certification in special education at the university within 10 days after the beginning of the term immediately following receipt of the tuition waiver;
 - c. remaining in attendance at the college on a continuous basis during the regular academic year (summer sessions optional). Failure to continue in college or continue in special education will make my tuition waiver invalid unless I have requested and been granted a leave of absence; and
 - d. pursuing a course of study leading to an initial teacher certification in special education.
2. If chosen as a Special Education Teacher Tuition Waiver recipient, I shall:
 - a. be granted a Special Education Teacher Tuition Waiver which is valid for up to four continuous years from the date of issuance while I am pursuing my initial special education teacher certificate at one of the approved colleges;
 - b. agree my tuition waiver will expire upon receipt of my initial Special Education Teacher Certificate;
 - c. be exempt from the payment of tuition and mandatory fees;
 - d. teach in a special education discipline on a full-time basis at a nonprofit Illinois public, private or parochial preschool, elementary or secondary school **beginning within one year** and continue teaching for at least two of the five years immediately following graduation or termination of enrollment in a teacher education program;
 - e. repay the entire amount of the tuition waiver prorated to the fraction of the teaching requirement not completed, plus interest at a rate equal to 5% per annum if I do not fulfill the teaching requirement; and
 - f. provide ISAC, as it requires, evidence of compliance with the requirements of this Teaching Agreement/Promissory Note.
3. I agree to observe and comply with all the administrative rules applicable to this program and to inform ISAC within 10 days of any changes occurring in my college enrollment status or my name or address.
4. I authorize ISAC to obtain enrollment and address information from any of the officers or agents of the college at which I intend to become enrolled, am enrolled or was enrolled.
5. I acknowledge that I may appeal any ISAC administrative decision in accordance with 23 Ill. Adm. Code 2700.70.

ELIGIBILITY REQUIREMENTS:

I meet the eligibility requirements for the Illinois Special Education Teacher Tuition Waiver if I:

1. am a United States citizen or an eligible noncitizen;
2. am a resident of Illinois;
3. am enrolled, or accepted for enrollment, as an undergraduate or graduate student seeking initial certification in an area of special education;
4. am attending, or plan to attend, an eligible college;
5. have not received the Illinois Special Education Teacher Tuition Waiver in the past;
6. am not receiving financial assistance through the Illinois Future Teacher Corps Program (IFTC) (formerly DeBolt), the Minority Teachers of Illinois Scholarship (MTI) Program or the Teach Illinois Scholarship Program; and
7. meet one of the following conditions:
 - I graduated (or I am scheduled to graduate) from an approved high school in the 2008-09 academic year and I rank in the upper half of my graduating class, or
 - I graduated from an approved high school prior to the 2008-09 academic year and I do not hold a valid teaching certificate, or
 - I hold a valid teaching certificate that is not in the area of special education.

Visit ISAC's collegezone.com for additional information, definitions of these eligibility requirements and awarding process.

LEAVE OF ABSENCE:

I must apply to the President (or the President's designee) of my university for a leave of absence if I find it necessary to interrupt my studies because of my illness or that of an immediate family member as established by the sworn statement of a licensed physician,

to earn funds to defray my educational expenses or to enter into the military service. If a leave of absence is granted, I must complete my course of study within six years. Time served in the Armed Forces of the United States will not be counted as part of that six years.

EXTENSION OF TEACHING REQUIREMENTS:

The time period during which the teaching requirement must be fulfilled may be extended if I:

1. serve, for not more than three years, as a member of the Armed Forces of the United States;
2. am enrolled full time in an academic program related to the field of teaching, leading to a graduate or postgraduate degree;
3. am temporarily totally disabled for a period of time not to exceed three years, as established by the sworn affidavit of a qualified physician;
4. am actively seeking but unable to find full-time employment as a teacher at an Illinois nonprofit public, private, or parochial school for one continuous period not to exceed two years, and am able to provide evidence of that fact; or
5. am taking additional courses, on at least a half-time basis, needed to obtain certification as a teacher in Illinois.
6. am fulfilling teaching requirements associated with other programs administered by ISAC if I cannot concurrently fulfill the requirements in a period of time equal to the length of the teaching obligation

REPAYMENT:

1. If I am required to repay this tuition waiver, I shall:
 - a. enter repayment status on the earliest of the following dates:
 - (1) the first day of the first calendar month after I have ceased to pursue a course of study leading to an initial teacher certification as a Special Education teacher, but not before six months have elapsed after the cessation of at least half-time enrollment in such a course of study;
 - (2) the date that I inform ISAC that I do not plan to fulfill the teaching obligation; or
 - (3) the latest date upon which I must have begun teaching in order to complete the teaching requirement;
 - b. make payments to ISAC or its designee which cover principal, interest, and collection costs according to a schedule established by ISAC and which calls for complete repayment within five years after I enter repayment status.
2. ISAC will not require payments amounting to more than \$1,800 annually, unless higher payments are needed to complete the entire repayment within the five-year period described above.
3. ISAC may agree to accept a lesser amount because of my documented, extenuating financial circumstances.

INTEREST:

The interest charge of 5% (per annum) begins to accrue on the date that my repayment obligation begins.

REPAYMENT DEFERMENTS:

1. I may temporarily postpone the repayment of principal and interest if I qualify for any of the deferments described below. I understand that I must provide written evidence that verifies my eligibility for any one of the following deferment categories during the time I am:
 - a. pursuing a graduate or postgraduate degree and am enrolled on a full-time basis for one continuous period of time not to exceed three years;
 - b. serving, for not more than three years, as a member of the Armed Forces of the United States;
 - c. temporarily disabled, for not more than three years, as established by the sworn affidavit of a licensed physician;
 - d. actively seeking and unable to find full-time employment for one continuous period not to exceed two years, and able to provide evidence of that fact; or
 - e. withdrawn from a course of study leading to a teacher certification in Special Education but remain enrolled on a full-time basis in another academic discipline.
2. Applications for these deferments are available from ISAC.
3. During the time that I qualify for any of the deferment categories listed above, I need not make the payments and interest will not accrue.
4. ISAC may extend the five year scholarship repayment period by a period equal to the length of time I meet any of the conditions of deferment.

CANCELLATION:

1. ISAC will cancel my repayment obligation if it determines that:
 - a. I have become totally and permanently disabled, on the basis of a sworn affidavit of a licensed physician; or
 - b. I have died, on the basis of a death certificate provided by the executor (or the executor's designee) of my estate.