

Date

Name

Address

City State Zip

SSN: XXX-XX-XXXX

**2009-10 NURSE EDUCATOR SCHOLARSHIP PROGRAM (NESP)
NOTICE OF ELIGIBILITY**

This letter is to inform you that the Illinois Student Assistance Commission (ISAC) is pleased to announce that you have been awarded the 2009-10 Nurse Educator Scholarship Program (NESP).

College: SCH CODE – SCH NAME

The award will be paid directly to the college listed above. Please review the information for accuracy and immediately notify our office, in writing, of any corrections needed.

Your college will determine the final award amount. The amount of the scholarship plus other financial aid you receive cannot exceed the total cost of education at the college listed above. If you fail to meet any of the eligibility requirements during the academic year, you may forfeit the entire scholarship or a portion of the scholarship funds.

Please review your copy of the NESP Application/Teaching Agreement/Promissory Note (which includes the Terms and Conditions) that you signed. (This information is also available on our Web site.) You must report any changes to your name, address or enrollment status to ISAC within ten days of the change.

If you have any questions, please contact an ISAC College Zone Counselor via telephone at 800.899.ISAC (4722), or e-mail at collegezone@isac.org.

ISAC administers other scholarship, grant and loan programs that can provide financial assistance to help you pay for college. To learn more about the financial aid process and available programs, visit College Zone — the trusted source for college information — at **collegezone.com**. In addition, you can find a variety of informational brochures through our Web site.

Applicant Services Department
Program Services and Compliance Division