

09/02/2009

### Illinois Student Assistance Commission 2009-10 Nurse Educator Scholarship Eligibility Certification / Payment Request

I certify that each student for whom payment is being requested meets the eligibility requirements of this

Signature \_\_\_\_\_ Date: \_\_\_\_\_ School Total Requested: \$ \_\_\_\_\_

**SAMPLE SCHOOL**

**999999**

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**Award Date**

**9/2/2009**

SSN Name		Max Award \$	Max Stipend \$	Term	Enroll Status	Request Award \$	Request Stipend \$	Ineligible Reason
XXX-XX- 3333 FIRST M LAST		\$19,796	\$10,000	1S / 1Q	FT / HT	\$ _____	\$ _____	_____
				2S / 2Q	FT / HT	\$ _____	\$ _____	_____
				3Q	FT / HT	\$ _____	\$ _____	_____
				Summer	FT / HT	\$ _____	\$ _____	_____
XXX-XX- 4444 FIRST M LAST		\$19,796	\$10,000	1S / 1Q	FT / HT	\$ _____	\$ _____	_____
				2S / 2Q	FT / HT	\$ _____	\$ _____	_____
				3Q	FT / HT	\$ _____	\$ _____	_____
				Summer	FT / HT	\$ _____	\$ _____	_____

**Number of Students:** 2

**Ineligible Reasons** 01 - Not a U.S. or Eligible Citizen 02 - Not a Resident of IL 03 - Not Maintaining Satisfactory Academic Progress 04 - In Default  
05 - Not a Recipient of a BA 06 - No FAFSA 07 - Not Enrolled or Less Than Half Time 08 - Selective Service 10 - Decline