

2011-12 ACADEMIC YEAR NURSE EDUCATOR LOAN REPAYMENT APPLICATION

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 1: BORROWER INFORMATION

Please enter or correct the following information:

Social Security Number	<input style="width: 100%;" type="text"/>	E-mail address	<input style="width: 100%;" type="text"/>
Borrower's Name	<input style="width: 100%;" type="text"/>	Employer's Name	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>	Employer's Address	<input style="width: 100%;" type="text"/>
City, State, ZIP Code	<input style="width: 100%;" type="text"/>	City, State, ZIP Code	<input style="width: 100%;" type="text"/>
Home Telephone	<input style="width: 100%;" type="text"/>	Work Telephone	<input style="width: 100%;" type="text"/>

SECTION 2: BORROWER'S LOAN REPAYMENT REQUEST AND CERTIFICATION

Before completing this section, please read the entire application, including the following sections: Required Documentation, General Information and Instructions, and Eligibility Requirements.

I certify that:

- I have worked as a nurse educator in Illinois for at least the past 12 consecutive months.
- If I am a prior recipient, I received the proceeds for this program more than 12 months ago.
- I am a resident of Illinois.
- ISAC will send the proceeds for which I am eligible to the holder/servicer/lender of my loan(s).
- I have read, understand and meet all of the eligibility requirements for participation in this program as described in Section 5.
- The information that I have provided is true and correct to the best of my knowledge.

Applicant's Signature

Date

SECTION 3: REQUIRED DOCUMENTATION

The following document(s) are required to be attached to this application:

1. A letter from your employer verifying that you worked as a nurse educator instructing practical or professional nurses in an approved Illinois institution for at least 12 consecutive months prior to the date of this application.
2. A copy of the statement from the institution(s) currently holding the eligible loan(s) that shows the outstanding balance on the account to which these proceeds are to be applied.
3. If you are a prior recipient, a copy of the payment history from the last institution(s) to which the Nurse Educator Loan Repayment proceeds were paid. You must clearly identify the Nurse Educator Loan Repayment payment transaction.

SECTION 4: GENERAL INFORMATION AND INSTRUCTIONS

- Due to a shortage of nurses and a lack of instructors to staff courses teaching nursing in Illinois, an incentive program has been designed to encourage longevity and career change opportunities. The Nurse Educator Loan Repayment Program is intended to pay eligible loans to add an incentive to nurse educators to maintain their teaching careers within Illinois.
- Assistance under this program may be received for up to a maximum of 4 years. The assistance cannot exceed the outstanding balance of the eligible educational loan(s) or \$5,000, whichever is less. Eligible educational loans include Stafford loans, Graduate PLUS loans, consolidation loans, nursing student loans, Supplemental Loans for Students, alternative loans and other types of government and institutional loans used for nursing education expenses.
- Proceeds will be remitted directly to the holder/servicer/lender of the loan(s) to be repaid.
- The total number of awards each year is contingent on available funding. If funding is insufficient to pay all eligible applicants, awarding will be based on the date the complete application, with all required documentation, is received in ISAC's Deerfield office.
- The documentation required in Section 3 and any other requested documentation must be submitted as a part of this application.
- Return the completed application to the address shown in Section 6.
- If the application is incomplete, ISAC will notify the applicant who will have an opportunity to furnish the missing information. The application will only be considered for processing as of the date the application is complete and received at ISAC's Deerfield office.

SECTION 5: ELIGIBILITY REQUIREMENTS

ELIGIBILITY REQUIREMENTS

- You must be a United States citizen or eligible noncitizen.
- You must be a resident of Illinois.
- You must have an outstanding balance due on an eligible educational loan.
- You must be a nurse educator who meets licensing requirements of the Illinois Department of Financial and Professional Regulation.
- You must be a recipient who has worked as a nurse educator instructing practical or professional nurses in an approved Illinois institution for at least the past 12 consecutive months prior to the date of this application. A link to the list of approved Illinois institutions may be obtained at ISAC's Web site **collegezone.com** in the Student Zone.
- You must be an applicant who is not in default on a federal guaranteed educational loan nor owes a refund on a grant or scholarship administered by ISAC.

SECTION 6: RETURNING THE APPLICATION AND ASSISTANCE

Return the completed application and required documentation to:

Applicant Services D1B
Illinois Student Assistance Commission
1755 Lake Cook Road
Deerfield, IL 60015

If you have questions please contact a Call Center Representative at 800.899.ISAC (4722) or isac.studentservices@isac.illinois.gov.