1755 Lake Cook Road
Deerfield, IL 60015-5209
800.899.ISAC (4722)
Website: www.isac.org
E-mail: isac.studentservices@illinois.gov

FISCAL YEAR 2019 (July 1, 2018 – June 30, 2019)
VETERANS' HOME MEDICAL PROVIDERS' LOAN REPAYMENT APPLICATION

Important – Please note that your Social Security number is needed for identification, verification and processing purposes in furtherance of your request for financial aid. ISAC will only accept an application with an original ink signature and date.

Facsimile or emailed copies will not be accepted.

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 the following information:

Social Security Number | | | | - | | | - | | | | |

Email Address _____

Provide your email address if you would like to receive information about your application electronically.

Borrower's Name _____

Employer's Name _____

Address _____

Employer's Address _____

City, State, ZIP Code _____

City, State, ZIP Code _____

Home Telephone _____

Work Telephone _____

SECTION 2: BORROWER'S LOAN REPAYMENT REQUEST, CERTIFICATION AND RELEASE

Before completing this section, please read the entire application, including Section 3: Certification by Illinois Department of Veterans' Affairs, Section 4: Additional Required Documentation, Section 5: General Information and Instructions, and Section 6: Eligibility Requirements.

I certify that:

- I am employed as a physician, certified nurse practitioner, registered professional nurse, certified nursing assistant or licensed practical nurse in an approved State of Illinois veterans' home, and have been employed for at least 12 consecutive months. Approved veterans' homes for purposes of this program are located in **Anna**, **LaSalle**, **Manteno** and **Quincy**, Illinois.
- If I am a prior recipient, I have not received more than the maximum award amount of $5,000 allowed in any 12 month period.
- 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 6.
- I certify that the information that I have provided is true and correct to the best of my knowledge.
- I give my consent to the federal and state departments of Veterans' Affairs to exchange information with the Illinois Student Assistance Commission (ISAC) concerning my eligibility for the Veterans' Home Medical Providers' Loan Repayment Program.

Account Number: _____ Date of Birth: _____ / _____ / _____
Month Day Year

Name as it appears on loan documents: _____
Last First M.I.

I authorize my Holder/Servicer, _____ , to provide the loan information requested by the Illinois Student Assistance Commission (ISAC) for the Veterans' Home Medical Providers' Loan Repayment Application.

_____
Applicant's Signature Date

SECTION 3: CERTIFICATION BY ILLINOIS DEPARTMENT OF VETERANS' AFFAIRS

This section must be completed by the Illinois Department of Veterans' Affairs (IDVA) Human Resources Manager

I hereby certify under penalties of perjury as provided by law, to the best of my knowledge and belief, that the applicant named in Section 1 is currently employed by an approved State of Illinois veterans' home, has completed the prescribed employment probationary period, has been employed for at least 12 consecutive months, and said employment is in good standing.

Employed From: / Employed Through: /
MM YYYY MM YYYY

_____
Name of approved veteran's home

_____
Illinois Department of Veterans' Affairs Human Resource Manager Signature Date

SECTION 4: ADDITIONAL REQUIRED DOCUMENTATION

The following documents are required to be attached to this application:

The applicant must submit a current account statement (dated within 30 days of this application) for **EACH** eligible educational loan(s) that contains the information listed below:

- Name of Holder/Servicer
- Payment address of Holder/Servicer
- Area code/phone number of Holder/Servicer
- Account number
- Type of loan (Federal Direct, Stafford, etc.)
- Monthly payment and outstanding balance
- Loan status

SECTION 5: GENERAL INFORMATION AND INSTRUCTIONS

- Due to a shortage of medical providers in state-operated veterans' homes, which has resulted in lengthy waiting lists, the Veterans' Home Medical Providers' Loan Repayment Program was designed to pay eligible loans as an incentive to encourage medical providers to pursue and maintain careers in Illinois veterans' homes.
- 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 per year, whichever is less. Eligible educational loans include Stafford loans, Graduate PLUS loans, consolidation loans, Supplemental Loans for Students, alternative loans and other types of government and institutional loans used for medical education expenses.
- Proceeds will be remitted directly to the holder/servicer/lender of the loan(s) to be repaid.
- The total number of grants awarded in a given fiscal year is contingent upon available funding. If funding is insufficient to pay all eligible applicants, awarding will be based on the date the complete application is received in ISAC's Deerfield office. Preference may be given to renewal applicants provided that the recipient meets the eligibility requirements.
- Section 3 must be completed by the Illinois Department of Veterans' Affairs (IDVA) Human Resources Manager.
- The documentation required in Section 4 and any other requested documentation must be submitted as a part of this application.
- Return the completed application to the address shown in Section 7.
- 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 6: ELIGIBILITY REQUIREMENTS

- You must be a United State 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 medical provider who meets licensing requirements of the Illinois Department of Financial and Professional Regulation.
- You must be a medical provider employed by an approved State of Illinois veterans' home, and have been employed for at least 12 consecutive months. You must also have completed the prescribed probationary period, and your employment must be in good standing as certified by the Illinois Department of Veterans' Affairs in Section 3. Approved Illinois veterans' homes for purposes of this program are located in **Anna**, **LaSalle**, **Manteno** and **Quincy**, Illinois.
- 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 7: RETURNING THE APPLICATION AND ASSISTANCE

Return the completed application and required documentation to:

Illinois Student Assistance Commission
Dept. D
1755 Lake Cook Road
Deerfield, IL 60015

Applicants should keep a copy of the complete application and documents. Incomplete applications and/or missing documentation will delay any eligibility decision.

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