

## Program Requirements Extension Request Form

*Use this form to request an extension of the period of time allowed to complete program requirements for the following: DeBolt Teacher Shortage Scholarship (DTSS) Program, Illinois Future Teacher Corps (IFTC) Program, Illinois Special Education Teacher Tuition Waiver (SETTW) Program, Minority Teachers of Illinois (MTI) Scholarship Program, Nurse Educator Scholarship Program (NESP), and Optometric Education Scholarship Program (OESP).*

### SECTION 1: EXTENSION REQUEST – TO BE COMPLETED BY ALL AWARD RECIPIENTS – PLEASE TYPE OR PRINT

Last 4 Digits of Social Security Number: XXX – XX - \_\_\_\_\_

\_\_\_\_\_ E-mail Address

( ) \_\_\_\_\_

\_\_\_\_\_ Name

\_\_\_\_\_ Home Phone Number

( ) \_\_\_\_\_

\_\_\_\_\_ Street Address

\_\_\_\_\_ Cell Phone Number

( ) \_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ ZIP Code

\_\_\_\_\_ Work Phone Number

**Program for which I am requesting an extension of teaching or practice requirements (circle ONE):**

DTSS      IFTC      SETTW      MTI      NESP      OESP

**Reason for extension – see Pages 3 and 4 for explanation of reasons, listed by program (circle ONE):**

Armed Forces  
*(attach written statement from commanding officer, and Section 3 must also be completed)*

Unemployment  
*(Sections 2 and 3 must also be completed)*

In School  
*(Sections 3 and 4 must also be completed)*

Temporary Total Disability  
*(Sections 3 and 5 must also be completed)*

Fulfilling Requirements for ISAC-Administered Program

**Period of Time for which I am requesting an extension:** From \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY      MM/DD/YYYY

### SECTION 2: UNEMPLOYMENT EXTENSIONS ONLY – TO BE COMPLETED BY AWARD RECIPIENT – PLEASE TYPE OR PRINT

*Unemployment Terms and Conditions:* I will provide additional documentation to ISAC, as required, to support my extension status. The extension will begin on the date I became unemployed (as indicated below). My maximum cumulative eligibility for unemployment extension is one continuous period not to exceed two years. My extension will last for no more than six months after the date ISAC receives the extension request. I must reapply every six months. ISAC will not grant this extension request unless all applicable sections of this form are completed and any required additional documentation is provided.

I became unemployed or began working less than 30 hours per week effective: \_\_\_\_\_  
Month/Year

I am (select ONE of the following items):

(A) \_\_\_\_\_ diligently seeking, but unable to find, full-time employment as a teacher / nurse educator that satisfies the teaching requirements of the program for which the financial assistance was received. I have made at least six diligent attempts to find full-time employment in the most recent six months and have listed these attempts below.

(B) \_\_\_\_\_ eligible for unemployment benefits, and I have attached documentation of my eligibility for these benefits. The documentation includes my name, address, and the last four digits of my Social Security number, and shows that I am eligible to receive unemployment benefits during the period for which I am requesting an extension.

In the most recent six months, I have made diligent attempts to find full-time employment with the following employers:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

### SECTION 3: CERTIFICATIONS AND CONSENT – TO BE COMPLETED BY ALL AWARD RECIPIENTS

**I certify that:** 1) the information I provided is true and correct; 2) I will provide additional documentation to ISAC, as required, to support my extension status; 3) I will notify ISAC immediately when the condition(s) that qualified me for the extension ends; and 4) I meet the eligibility criteria of the extension for which I have applied.

Further, I give my consent to the Illinois Department of Employment Security (IDES), the Armed Forces of the United States, the college I attend or the physician (that are listed on this extension form, as applicable) to release information to ISAC concerning my eligibility for my requested extension.

By signing below, I confirm that I have read and understand all information on Pages 3 and 4 of this document.

\_\_\_\_\_ Signature of Award Recipient

\_\_\_\_\_ Date

## Program Requirements Extension Request Form

**SECTION 4: IN-SCHOOL EXTENSIONS ONLY – TO BE COMPLETED BY SCHOOL OR ORGANIZATION – PLEASE TYPE OR PRINT**

Award Recipient's Name: \_\_\_\_\_ Last 4 Digits of Award Recipient's SSN \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

I certify that, to the best of my knowledge and belief, the following information is true regarding the award recipient named above, and on Page 1 of this document (include information for all applicable terms – if necessary, attach an additional sheet of paper):

Term <small>(e.g., "Fall 2013")</small>	Enrollment Status <small>(Full Time, Half Time, or Less than Half Time)</small>	Course(s) in which Enrolled	Academic Level <small>(Undergraduate or Graduate)</small>
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The award recipient is expected to graduate in: \_\_\_\_\_  
Month/Year

( )

\_\_\_\_\_  
Name and Address of School or Organization

\_\_\_\_\_  
Phone Number for Contact at School or Organization

\_\_\_\_\_  
Name and Title of Authorized Official

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

**SECTION 5: TEMPORARY TOTAL DISABILITY EXTENSIONS ONLY – TO BE COMPLETED BY PHYSICIAN – PLEASE TYPE OR PRINT**

Award Recipient's Name: \_\_\_\_\_ Last 4 Digits of Award Recipient's SSN \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

I certify that, in my best professional judgment, the award recipient named above and on Page 1 of this document is unable to work and earn money for at least 60 days because of a medically determinable impairment. I am a doctor of medicine or osteopathy legally authorized to practice.

The disabled person (award recipient) became unable to work and earn money effective: \_\_\_\_\_  
Month/Year

The disabling condition is expected to continue until: \_\_\_\_\_  
Month/Year

( )

\_\_\_\_\_  
Name and Address of Physician

\_\_\_\_\_  
Phone Number for Physician

\_\_\_\_\_  
Professional License Number of Physician

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

**SUBMIT PAGES 1 AND 2 OF THIS COMPLETED FORM TO:**

*Before submitting, retain a copy for your records. To ensure your personal information is kept secure, we do not recommend sending this document via e-mail.*

**Mailing Address:**

**Illinois Student Assistance Commission (ISAC)  
Attn: Program Requirements D1C  
1755 Lake Cook Road  
Deerfield IL 60015-5209**

**FAX:**

**847.831.8549**

## Program Requirements Extension Request Form

### REASONS FOR EXTENSIONS, BY PROGRAM

The following provides an explanation of acceptable reasons for which an extension of the period of time allowed to complete teaching or practice requirements may be requested for each program.

#### ***DeBolt Teacher Shortage Scholarship (DTSS) Program***

The period to fulfill the teaching requirement may be extended if you are:

- serving, for not more than three years, as a member of the United States Armed Forces (*if seeking an extension for this reason, you must attach to this Request Form a written statement from the commanding or personnel officer certifying the date on which service began and the date on which it is expected to end, or a copy of your military orders*);
- enrolled full-time as a graduate student in a course of study related to the field of teaching at an institution of higher learning;
- temporarily totally disabled, for not more than three years, as established by the sworn affidavit of a licensed qualified physician;
- actively seeking, but unable to find, full-time employment that satisfies the requirements of this program (as outlined at **isac.org**), for one continuous period of time that shall not exceed two years in duration; or
- taking additional courses, on at least a half-time basis, needed to gain Illinois State Board of Education approval to teach in a specialized teacher shortage discipline.

#### ***Illinois Future Teacher Corps (IFTC) Program***

The period to fulfill the teaching requirement may be extended if you are:

- serving, for not more than three years, as a member of the United States Armed Forces (*if seeking an extension for this reason, you must attach to this Request Form a written statement from the commanding or personnel officer certifying the date on which service began and the date on which it is expected to end, or a copy of your military orders*);
- enrolled full-time as a graduate student in a course of study related to the field of teaching at an institution of higher learning;
- temporarily totally disabled, for not more than three years, as established by the sworn affidavit of a licensed qualified physician;
- actively seeking, but unable to find, full-time employment that satisfies the requirements of this program (as outlined at **isac.org**), for one continuous period of time that shall not exceed two years in duration;
- taking additional courses, on at least a half-time basis, needed to obtain certification as a teacher in Illinois; or
- fulfilling teaching requirements associated with other programs administered by ISAC and unable to concurrently fulfill them in a period of time equal to the length of the teaching obligation.

#### ***Illinois Special Education Teacher Tuition Waiver (SETTW) Program***

The period to fulfill the teaching requirement may be extended if you are:

- serving, for not more than three years, as a member of the United States Armed Forces (*if seeking an extension for this reason, you must attach to this Request Form a written statement from the commanding or personnel officer certifying the date on which service began and the date on which it is expected to end, or a copy of your military orders*);
- enrolled full-time in an academic program related to the field of teaching, leading to a graduate or postgraduate degree;
- temporarily totally disabled, for not more than three years, as established by the sworn affidavit of a licensed qualified physician;
- actively seeking, but unable to find, full-time employment that satisfies the requirements of this program (as outlined at **isac.org**), for one continuous period of time that shall not exceed two years in duration;
- taking additional courses on at least a half-time basis, in order to obtain certification as a teacher in Illinois; or
- fulfilling teaching requirements associated with other programs administered by ISAC and unable to concurrently fulfill them in a period of time equal to the length of the teaching obligation.

#### ***Minority Teachers of Illinois (MTI) Scholarship Program***

The period to fulfill the teaching requirement may be extended if you are:

- serving, for not more than three years, as a member of the United States Armed Forces (*if seeking an extension for this reason, you must attach to this Request Form a written statement from the commanding or personnel officer certifying the date on which service began and the date on which it is expected to end, or a copy of your military orders*);
- enrolled full-time as a graduate student in a course of study related to the field of teaching at an institution of higher learning;
- temporarily totally disabled, for not more than three years, as established by the sworn affidavit of a licensed qualified physician;
- actively seeking, but unable to find, full-time employment that satisfies the requirements of this program (as outlined at **isac.org**), for one continuous period of time that shall not exceed two years in duration;
- taking additional courses, on at least a half-time basis, needed to obtain certification as a teacher in Illinois; or
- fulfilling teaching requirements associated with other programs administered by ISAC and unable to concurrently fulfill them in a period of time equal to the length of the teaching obligation.

## Program Requirements Extension Request Form

### REASONS FOR EXTENSIONS, BY PROGRAM (*continued*)

#### ***Nurse Educator Scholarship Program (NESP)***

The period to fulfill the teaching requirement may be extended if you are:

- serving, for not more than three years, as a member of the United States Armed Forces (*if seeking an extension for this reason, you must attach to this Request Form a written statement from the commanding or personnel officer certifying the date on which service began and the date on which it is expected to end, or a copy of your military orders*);
- temporarily totally disabled, for not more than three years, as established by the sworn affidavit of a licensed qualified physician;
- actively seeking, but unable to find employment that satisfies the requirements of this program (as outlined at [isac.org](http://isac.org)), for one continuous period of time that shall not exceed two years in duration; or
- taking additional courses, on at least a half-time basis, needed to obtain certification in a nursing educator program in Illinois.

#### ***Optometric Education Scholarship Program (OESP)***

The period to fulfill the agreement may be extended if you are:

- serving, for not more than three years, as a member of the United States Armed Forces (*if seeking an extension for this reason, you must attach to this Request Form a written statement from the commanding or personnel officer certifying the date on which service began and the date on which it is expected to end, or a copy of your military orders*);
- enrolled full-time in a residency program at an approved institution for one continuous period of time, not to exceed one year, following graduation;
- temporarily totally disabled for not more than three years, as established by the sworn affidavit of a licensed qualified physician; or
- unable to fulfill the practice obligation due to a disability or incompetency, as established by the sworn affidavit of a licensed qualified physician.

### CONTACT ISAC FOR MORE INFORMATION

If you have questions regarding this document, or the process of requesting an extension of the teaching or practice requirements for the program for which you have received an award, please contact ISAC as indicated below:

By phone: 800.899.ISAC (4722)

Via e-mail: [isac.prreq@illinois.gov](mailto:isac.prreq@illinois.gov)

For general information regarding financial aid and the programs and services offered by ISAC, contact the ISAC Call Center as indicated below:

By phone: 800.899.ISAC (4722)

Via e-mail: [isac.studentservices@illinois.gov](mailto:isac.studentservices@illinois.gov)

Visit our website: [isac.org](http://isac.org)

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