

FISCAL YEAR 2020 (July 1, 2019 – June 30, 2020) NURSE EDUCATOR 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	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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: Required Documentation, Section 4: General Information and Instructions, and Section 5: 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 have not received more than the maximum award amount of \$5,000 allowed in any 12 month period.
- I am a resident of Illinois.
- I understand that 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.

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 Nurse Educator Loan Repayment Application.

Applicant's Signature

Date

SECTION 3: REQUIRED DOCUMENTATION

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

1. An original signed letter from your employer verifying, for a separate 12-month period, you have worked at an approved Illinois institution as a Nurse Educator instructing practical or professional nurses. The letter must be on school/employer letterhead, and must include the starting and ending dates of the applicable twelve (12) month period. (See Section 5 – Eligibility Requirements.)
2. 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 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

- 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 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.
- You must meet the following nursing instruction requirements:
 - If a first-time recipient, have taught for at least 12 consecutive months prior to the date of application in an approved program of professional or practical nursing education in Illinois, or
 - If other than a first-time recipient, fulfill a separate 12 month period of teaching in an approved program of professional or practical nursing education in Illinois for each subsequent award received.

SECTION 6: 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 60015-5209

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.