

**ACADEMIC YEAR 2025 (July 1, 2024 – June 30, 2025)  
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 e-mailed 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"/>	Employer's Name	_____
Borrower's Name	_____										Employer's Address	_____
Address	_____										City, State, ZIP Code	_____
City, State, ZIP Code	_____										Work Telephone	_____
Home 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 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 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/Loan 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 and must be attached to the application at the time of submission (or will be considered incomplete):**

1. An original signed letter from your employer verifying, for a prior 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 from your lender/servicer (dated within 30 days of this application) showing the outstanding balances for each eligible educational loan(s) that contains the information listed below:
 

■ Name of Holder/Servicer	■ Type of Loan (Federal Direct, Stafford, etc.)
■ Payment address of Holder/Servicer	■ Monthly payment and outstanding balance
■ Area code/phone number of Holder/Servicer	■ Loan Status
■ Account Number	■ Full Name of Borrower

#### **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 Student Engagement Representative at 800.899.ISAC (4722) or e-mail us at [isac.studentservices@illinois.gov](mailto:isac.studentservices@illinois.gov).