

State of Illinois
Rod R. Blagojevich, Governor

Department of Public Health
Eric E. Whitaker, M.D., M.P.H., Director



Allied Health Care Professional Scholarship Application

Academic Year 2006-2007

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
ALLIED HEALTH CARE PROFESSIONAL SCHOLARSHIP PROGRAM**

Pursuant to The Allied Health Care Professional Assistance Law
(110 ILCS 905/)

WHAT IS THE GOAL OF THE SCHOLARSHIP PROGRAM?

The goal of the scholarship program is to increase the number of nurse practitioners, physician assistants and certified nurse midwives practicing in areas of Illinois that have an insufficient number of primary care providers. Approximately 12 scholarships will be awarded for academic year 2006-2007.

WHAT METHOD IS USED TO REACH THIS GOAL?

Scholarship awards of \$7,500 per academic year are available to a limited number of eligible allied health care professional students. Scholarship recipients repay the awards by practicing as nurse practitioners, physician assistants or certified nurse midwives in areas of the state determined by the Illinois Department of Public Health (Department) to be designated shortage areas.

WHO IS ELIGIBLE FOR A SCHOLARSHIP?

To be eligible for a scholarship, a nurse practitioner, physician assistant or certified nurse midwife student must be accepted or enrolled in a school located in Illinois and accredited in its field. A student may be full-time or part-time, although part-time students must be enrolled for at least one-third of the number of hours required per term by the school for its full-time students. Applicants must demonstrate financial need and must apply to their school's financial aid department on or before the school's designated application deadline date. The school will be asked to attest to the applicant's good academic standing and financial need.

In selecting award recipients, preference will be shown to applicants meeting the above criteria and demonstrating 1) previous experience with medically underserved populations; 2) greatest financial need; and 3) academic capabilities.

HOW DOES THE SCHOLARSHIP APPLICATION AND SELECTION PROCESS WORK?

Scholarship applications will be provided through the financial aid offices of Illinois schools offering credentials for nurse practitioners, physician assistants and certified nurse midwives and on the Illinois Department of Public Health website. **Completed applications must be received by the Illinois Department of Public Health, Center for Rural Health, no later than June 30, 2006.** Students will be notified when their applications have reached the Department. The Department may interview applicants as part of the selection process. Announcement of the students selected for awards is scheduled for September. Scholarship awards are sent directly to the recipient in two payments, fall and spring. Recipients will be required to have verification of class enrollment forms completed by their schools prior to receiving payments. The recipients repay the awards by working as allied health care professionals in areas of Illinois that have been determined by the Department to be designated shortage areas.

WHAT ARE THE DETAILS CONCERNING SCHOLARSHIP REPAYMENT?

Within 30 days after student's licensure to practice or, if already licensed in Illinois, within 30 days of completion of academic training, the scholarship recipient shall begin to repay the award by practicing in an area in Illinois designated by the Department as having a shortage of primary care providers. The recipient must practice on a full-time basis, one year for each year scholarship funds were received. There is no other repayment obligation to the

Department other than providing direct patient care in a designated shortage area. For evaluation and approval of practice locations, a scholarship recipient must contact the Department **prior** to entering into a formal agreement with an individual or facility. Practice locations will be approved up to 18 months prior to initiating the service repayment obligation.

Before receiving a scholarship, each applicant will enter into a binding contract with the state of Illinois to meet conditions of the scholarship. **Failure to meet the terms of the contract will require the recipient to reimburse the state three times the total amount of the scholarship grant received for each unfulfilled year of the obligation together with interest at 7 percent per year on that amount.**

WHAT CONSTITUTES A DESIGNATED SHORTAGE AREA?

A designated shortage area is a geographic area or a facility determined by the director of Public Health to be a physician shortage area, a medically underserved area or a health professional shortage area as defined by the U. S. Department of Health and Human Services, or as further defined by the Department. For purposes of this scholarship, shortage area designations will be the same as identified for the Illinois Medical Student Scholarship recipients.

WHAT ARE THE DETAILS CONCERNING A PRACTICE SITE LOCATION?

The responsibility of securing a suitable practice site to fulfill the obligation lies with the scholarship recipient. Department staff will provide current lists of shortage areas to the recipient. Included on the list will be the names of local health professionals or other individuals who may be able to answer questions regarding specific areas. The Department will consider new geographic locations for designation as shortage areas. The proposed locations may be submitted by scholarship recipients, schools, community hospitals, local physicians or community organizations. However, practice must begin within 30 days of licensure or completion of training.

If an applicant desires to practice in a particular city or county, serious consideration should be given to the importance of this preference **before applying** for this scholarship. Applicants will need to be flexible as designated shortage areas in the state change.

DEADLINE

Completed applications for scholarship assistance for the 2006-2007 academic year must be **received by the Center for Rural Health no later than June 30, 2006.**

WHERE TO SEND PROGRAM INQUIRIES AND APPLICATIONS

Allied Health Care Professional Scholarship Program
Illinois Department of Public Health
Center for Rural Health
535 W. Jefferson St.
Springfield, IL 62761
PHONE 217-782-1624
TTY(hearing impaired use only) 800-547-0466

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
ALLIED HEALTH CARE PROFESSIONAL SCHOLARSHIP PROGRAM
Academic Year 2006-2007**

Application

Name _____

Mailing Address _____
Street Address Apt. Number
City State ZIP code

Telephone _____ **E-Mail** _____

Permanent Mailing Address _____
Street Address Apt. Number
City State ZIP code

Date of Birth _____ **Citizenship** U.S. _____ Other _____

If you are NOT a U.S. citizen, please complete the following:

How long have you been in the U.S.? _____

Do you have plans for U.S. citizenship? _____

Where do your parents live? _____

How many years have you lived in Illinois? _____

If you are married, how long has your spouse lived in Illinois? _____

Where did you graduate from high school?

Do you have an undergraduate degree? _____ Yes _____ No

If yes, give name and location of school _____

In which program are you enrolled or admitted? (Provide a copy of your letter of acceptance or other proof of enrollment.)

Name and location of school/program

Number of credit hours in which you will be enrolled Fall 2006 _____ Spring 2007 _____

What is your anticipated graduation date?

Do you have any existing obligations to provide health care services due to other loans or scholarships? (If yes, please explain.)

Do you or any family members have any other commitments that would affect your ability to practice in Illinois following the completion of your training? (Please explain.)

NARRATIVE: Please answer the following questions, limiting your answers to one typed page per question.

1. Describe any exposure you have had to medically underserved populations. Include experiences you initiated, as well as experiences gained through school.
2. Describe any experience(s) that significantly influenced your choice of a health career.
3. Where do you see yourself living and practicing in five years?
4. Describe any special circumstances affecting your financial status.

SOCIAL SECURITY NOTICE

The Illinois Department of Public Health requests your Social Security number. You are not required to disclose your Social Security number at this time, and no rights, benefits or privileges will be denied if you choose not to disclose your number. Be advised, however, your Social Security number will be required at a later date if you are selected to receive scholarship funds through the Allied Health Care Professional Scholarship Program. If you agree to disclose your Social Security number, it may be used for collecting financial aid information from your school.

If you disclose your Social Security Number, please sign this form and add your number as shown.

Social Security Number _____ - _____ - _____

Signature _____ Date _____

RELEASE/CERTIFICATION STATEMENT

I hereby agree that the Illinois Department of Public Health may verify any and all statements in this application that may be relevant to the Illinois Allied Health Care Professional Scholarship Program. I grant permission to the school in which I am enrolled to release all information requested by the Illinois Department of Public Health relevant to my academic or financial standing.

I certify that I am not presently in default on payments for any previously received state or federal loan funds.

I also hereby certify the information submitted in this application is a true record.

Signature of Applicant _____ Date _____

**Application must be received by the
Illinois Department of Public Health, Center for Rural Health,
no later than June 30, 2006.**

Application must include the following:

1. Completed application form
2. Financial aid award information, e.g., your Student Aid Report (SAR)
3. Proof of enrollment or letter of acceptance into the program

Send to:

**Allied Health Care Professional Scholarship Program
Illinois Department of Public Health
Center for Rural Health
535 W. Jefferson St.
Springfield, IL 62761**