

**State of Illinois**  
Pat Quinn, Governor

**Department of Public Health**  
Damon T. Arnold, M.D., M.P.H., Director



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# **Nursing Education Scholarship Application**

Academic Year 2009-2010

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
NURSING EDUCATION SCHOLARSHIP PROGRAM  
Pursuant to  
The Nursing Education Scholarship Law (ILCS 975/)**

**PROGRAM INFORMATION  
2009-2010 ACADEMIC YEAR**

**The attached application must be postmarked by May 31, 2009**

**PURPOSE OF PROGRAM**

The goal of the Nursing Education Scholarship Program is to increase the number of nurses available for employment in Illinois by offering scholarships to overcome financial barriers to education. The program provides financial assistance to qualified individuals pursuing an associate degree in nursing, an associate degree in applied sciences in nursing, a hospital-based diploma in nursing, a baccalaureate degree in nursing, a graduate degree in nursing or a certificate in practical nursing.

**ELIGIBILITY**

An applicant must be:

1. a resident of Illinois for at least one year prior to application, and be a citizen or lawful permanent resident alien of the United States;
2. enrolled in or accepted for admission to a nursing program in Illinois that is approved by the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation; and
3. in need of financial assistance based on applicant's 2009-2010 Student Aid Report.

**APPLICATION**

To be considered in the selection process, an applicant must:

1. submit a completed, signed and dated application form prior to the deadline;
2. include a current copy of an official transcript or other current official school form that indicates a cumulative grade point average (GPA);
3. include a copy of a 2009-2010 Student Aid Report (SAR) or Free Application for Federal Student Aid (FAFSA) that indicates an Estimated Financial Contribution (EFC). A current SAR or FAFSA is required, even if you are not eligible for or have not applied for other financial assistance; and
4. if licensed, include a copy of his/her Illinois registered professional nurse license or Illinois practical nurse license.

**NOTE: For assistance with your SAR or FAFSA, please visit your school's financial aid office, go to [www.fafsa.ed.gov](http://www.fafsa.ed.gov), or call 800-4-FED-AID (800-433-3243) or TTY (for hearing impaired only) 1-800-730-8913.**

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**DISTRIBUTION OF SCHOLARSHIPS**

Scholarship awards will be distributed as follows:

1. at least 40 percent for students pursuing a baccalaureate degree in nursing;
2. at least 30 percent for students pursuing an associate degree or a hospital-based diploma in nursing;
3. at least 20 percent for students pursuing a graduate degree in nursing; and
4. at least 10 percent for students pursuing a certificate in practical nursing.

### **SELECTION CRITERIA**

Recipients will be selected based on the following criteria:

1. Renewal recipients will receive preference.
2. If the number of qualified applicants exceeds the number of scholarships to be awarded, priority in awarding scholarships will be given to students who:
  - have the greatest financial need per the Student Aid Report;
  - are full-time or closest to full-time students;
  - have the fewest number of credit hours remaining to complete their nursing degree;
  - already have an associate degree or hospital-based diploma in nursing or a certificate in practical nursing and are pursuing a higher degree; or
  - have the highest cumulative grade point average as documented on an official transcript or other official school form.
3. When all criteria are equal, a lottery may be used to determine scholarships.

### **NUMBER OF YEARS OF SCHOLARSHIP FUNDING**

The number of years full-time students are eligible to receive funding is based on the degree or certificate they are pursuing. The maximum years are:

1. one academic year – certificate in practical nursing
2. two academic years – associate degree in nursing
3. three academic years – hospital-based diploma in nursing
4. four academic years – baccalaureate degree in nursing
5. five academic years – graduate degree in nursing

### **SCHOLARSHIP AMOUNTS**

**Full-time** students may receive the following:

At a public college or university: Students pursuing an ***associate degree***, a ***baccalaureate degree or a graduate degree*** in nursing:  
\$7,090 for tuition and fees (estimate)  
\$6,724 for living expense stipend (estimate)

At a community college: Students pursuing an ***associate degree or a hospital-based diploma*** in nursing:  
\$2,072 for tuition and fees (estimate)  
\$6,724 for living expense stipend (estimate)

**Practical Nursing:** Students receive 75 percent of the average tuition and fees charged at all practical nursing programs and \$6,724 (estimate) for living expense stipend.

**Private schools:** Students attending private institutions receive the same amount as students attending public institutions.

**Part-time students:** Awards for part-time students are determined by applying the ratio of part-time enrollment to full-time enrollment to the average per-term scholarship amount for a student in the same nursing degree category.

**CONTRACTUAL AGREEMENT**

Prior to receiving scholarship funding for any academic year, the recipient must sign a contract with the state of Illinois agreeing to work in Illinois providing direct patient care as a registered professional nurse or licensed practical nurse or as a nurse educator in the case of a graduate degree student.

**REPAYMENT OF SCHOLARSHIP OBLIGATION**

Repayment of the scholarship obligation to the state of Illinois may be achieved in two ways:

1. by working in Illinois as a registered professional nurse or a licensed practical nurse, providing direct patient care; or as a nurse educator in the case of a graduate degree student; or
2. by monetarily repaying the obligation.

Following graduation and licensing, a recipient is required to be employed on a full-time or a part-time basis.

Full-time employment means providing direct patient care or working as a nurse educator for 35 hours or more per week for weekday shifts or at least 24 hours per weekend shift.

Part-time employment means providing direct patient care or working as a nurse educator for a minimum of 17.5 hours and up to 34 hours per week.

Fulfillment of the nursing employment obligation must be within a time period that does not exceed twice the number of months covered by the scholarship, as illustrated in the following table:

SCHOLARSHIP BASIS	NURSING EMPLOYMENT OBLIGATION	
	FULL-TIME EMPLOYMENT	PART-TIME EMPLOYMENT
ONE ACADEMIC YEAR (SEMESTER /TRIMESTER BASIS)		
Per term, full-time student	6 months	12 months
Per term, part-time student	3 months	6 months
ONE ACADEMIC YEAR (QUARTER BASIS)		
Per term, full-time student	4 months	8 months
Per term, part-time student	2 months	4 months
SUMMER TERM		
Per term, full-time student	3 months	6 months
Per term, part-time student	1.5 months	3 months
NOTE: The total nursing employment obligation for any one academic year will not exceed 12 months of full-time employment.		

License pending status – Employment while in “license pending” status does not meet the employment obligation of this scholarship.

For recipients holding a current Illinois nurse license prior to graduation, the scholarship obligation is met by employment subsequent to receipt of the degree for which the scholarship was received.

**Monetary repayment** - A recipient who fails to meet any term or terms of the contract is in default and will be required to monetarily repay the scholarship to the Illinois Department of Public Health as follows:

For each year not met by the nursing employment obligation, recipient will repay the Department the total amount of scholarship funds received plus seven percent interest per year on the unpaid balance. Cash repayment must begin within six months following the date of the default and must be completed within six years.

### **DEFERMENT OF SCHOLARSHIP OBLIGATION**

The nursing employment obligation may be deferred by review of a written statement from the recipient to the Department when failure to fulfill the nursing employment obligation results from:

1. involuntarily leaving the profession due to a decrease in the number of nurses employed in the state,
2. total and permanent disability, or
3. military service. A recipient must notify the Department within 30 days if he/she spends up to four years in military service, before or after graduation, and before completion of the nursing employment obligation. Up to four years of the time spent in military service will be excluded from the computation of the number of months of the nursing employment obligation. Within 30 days following completion of active duty, the recipient will begin meeting his/her employment obligation.

Any request for deferment must be made to the Department in writing and must be re-evaluated every six months.

### **RECIPIENT RESPONSIBILITIES**

1. Upon graduation, a recipient must provide a copy of his/her diploma or certificate to the Illinois Department of Public Health.
2. Recipient must pass the National Council Licensure Examination (NCLEX) and provide a copy of his/her Illinois nurse license to the Illinois Department of Public Health.
3. Recipient must meet the required nursing employment obligation or monetarily repay the funds.
4. Recipient should consult a tax preparer regarding the tax obligations resulting from this award.

## **GENERAL PROGRAM INFORMATION**

Applications must be postmarked by **May 31, 2009**. Applicants are notified whether the application is complete. Only one notice/request for additional information will be provided. Only complete applications will be considered for a scholarship.

The scholarship pays only for coursework within the nursing curriculum for which the recipient is funded; it does not pay for pre-requisite coursework. The expense for coursework applied to another degree will not be paid nor will it be considered when determining eligibility for a living expense stipend.

Applicants who are in default on other educational loans and/or scholarships received from state or federal funds or who have other outstanding debt to the state of Illinois are not eligible to receive these scholarship funds.

Applicants are not required to disclose their Social Security number on the application form; however, if selected, the Social Security Number will be required.

It is the applicant's responsibility to notify program staff if any information on their application changes.

Application does not guarantee a scholarship.

**Questions may be directed to :**

**Illinois Department of Public Health  
Center for Rural Health  
Nursing Education Scholarship Program  
535 W. Jefferson St.  
Springfield, IL 62761-0001  
Telephone: 217-782-1624  
TTY(hearing impaired use only) 800-547-0466**

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
NURSING EDUCATION SCHOLARSHIP PROGRAM  
Academic Year 2009-2010**

**APPLICATION**

**APPLICANT**

- Name \_\_\_\_\_  
(First) (Middle Initial) (Last)
- Mailing address \_\_\_\_\_  
(Street Address/Apt./P.O. Box)  
\_\_\_\_\_  
(City) (State) (Zip)
- Date of Birth \_\_\_\_\_ County of residence \_\_\_\_\_
- Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_
- E-mail address (required) \_\_\_\_\_
- Female \_\_\_\_\_ Male \_\_\_\_\_
- Single \_\_\_\_\_ Married \_\_\_\_\_
- Number of dependents (do not count yourself) \_\_\_\_\_
- Citizenship: Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, are you a lawful permanent resident alien? Yes \_\_\_\_\_ No \_\_\_\_\_
- How long have you lived in Illinois? \_\_\_\_\_  
years and/or months
- Ethnic origin (Optional. This information is used only in the program's annual report to the General Assembly.)  
\_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ White, non-Hispanic  
\_\_\_\_\_ Black, non-Hispanic \_\_\_\_\_ Other

**B. EDUCATION**

In which nursing program will you be enrolled during academic year 2009-2010?

- \_\_\_\_\_ Associate degree program
- \_\_\_\_\_ Hospital-based diploma program
- \_\_\_\_\_ Baccalaureate degree program
- \_\_\_\_\_ Masters degree in nurse education
- \_\_\_\_\_ Doctoral degree in nursing or philosophy
- \_\_\_\_\_ Practical nursing program

- Anticipated date of graduation with your nursing degree \_\_\_\_\_  
(Month) (Year)
- **Name** and **city** of nursing school where you will be enrolled \_\_\_\_\_  
\_\_\_\_\_
- During academic year 2009-2010, will you be enrolled:  
    \_\_\_\_\_ Full-time (12 credit hours or more)  
    \_\_\_\_\_ Part-time (4 – 11 credit hours)  
    \_\_\_\_\_ Combination (full-time and part-time)
- Have you had prior nursing education? Yes \_\_\_\_\_ No \_\_\_\_\_  
    If yes, what type: \_\_\_\_\_ Associate degree in nursing  
                          \_\_\_\_\_ Hospital-based diploma in nursing  
                          \_\_\_\_\_ Baccalaureate degree in nursing  
                          \_\_\_\_\_ Certificate in practical nursing
- Do you have a current Illinois nurse license? \_\_\_\_\_ Yes \_\_\_\_\_ No  
    If yes: Registered professional nurse license \_\_\_\_\_  
            Practical nurse license \_\_\_\_\_

If yes, provide a copy of your Illinois nurse license with this application.

**C. OTHER FINANCIAL AID**

Are you receiving other sources of financial aid that might commit you to work as a nurse outside of Illinois?

Yes \_\_\_\_\_ No \_\_\_\_\_

**SOCIAL SECURITY STATEMENT**

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 number will be required at a later date if you are selected to receive scholarship funds through the Nursing Education Scholarship Program. If you agree to disclose your number, it will be used for collecting information from your school.

If you disclose your Social Security number, please indicate your number below and sign this section.

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**RELEASE/CERTIFICATION STATEMENT**

I hereby agree that the Illinois Department of Public Health may verify any and all statements in this application and future nursing employment documentation that may be relevant to the discharge of the scholarship obligation. I grant permission to any and all persons and institutions to release all information requested by the Illinois Department of Public Health and further agree that the Illinois Department of Public Health may release such information to appropriate persons and institutions. I certify that I am not presently in default on payments for any previously received state or federal educational funds. I also hereby certify that the information submitted in this application is a true record.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**\*\* IMPORTANT \*\***

To be considered in the selection process, an applicant must:

1. Submit a complete application that has all questions answered, is signed and dated;
2. include a current copy of transcript or other official school form that indicates a cumulative grade point average;
3. include a current (2009-2010) Student Aid Report or Free Application for Federal Student (FAFSA) report; and
4. if licensed, include a copy of his/her Illinois registered professional nurse license or Illinois practical nurse license.

**Application must be postmarked on or before May 31, 2009**

**Mail application to:**

**Illinois Department of Public Health  
Center for Rural Health  
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