

State of Illinois
Pat Quinn, Governor

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



Podiatric Medicine Scholarship Application

Academic Year 2010-2011

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Podiatric Scholarship Program
Pursuant to
Illinois Podiatric Scholarship Act

WHAT IS THE GOAL OF THE SCHOLARSHIP PROGRAM?

The goal of the scholarship program is to increase the number of podiatric physicians practicing in underserved areas of Illinois. Approximately one scholarship will be awarded for academic year 2010-2011.

WHAT METHOD IS USED TO REACH THIS GOAL?

Scholarship awards are available to a limited number of eligible podiatric medicine students in Illinois. The award provides full tuition, matriculation fees and living stipend. Scholarship recipients repay the awards by practicing as podiatric physicians 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, the podiatric medicine student must be an Illinois resident at the time of application and must be accepted or enrolled in a school located in Illinois and accredited in its field. 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) financial need; and 3) commitment to practicing in a designated underserved area of Illinois.

HOW DOES THE SCHOLARSHIP PROGRAM WORK?

Scholarship applications will be provided through the financial aid offices of Illinois schools offering credentials for podiatric physicians. **Completed applications must be received by the Illinois Department of Public Health, Center for Rural Health, no later than June 30, 2010.** 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's school. 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 podiatric physicians 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 residency 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.**

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. 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 2010-2011 academic year must be **received by the Center for Rural Health no later than June 30, 2010.**

WHERE TO SEND PROGRAM INQUIRIES AND APPLICATIONS

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

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Illinois Podiatric Scholarship Program
110 ILCS 978/1
Academic Year 2010-2011

Application

Name _____

Mailing Address _____

Street Address _____ Apt. Number _____

City _____ State _____ ZIP code _____

Telephone Home _____ Work _____

E-mail address _____

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?(Please provide a copy of your letter of acceptance or other proof of enrollment.)

Name and location of school/program _____

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 residency 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 your schooling.
2. Describe any experience(s) that significantly influenced your choice of a health care career.
3. Describe your career goals, including the type of practice you want.
4. Describe any special circumstances regarding 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 Illinois Podiatric 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 Podiatric 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, 2010.

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:

**Illinois Podiatric Scholarship Program
Illinois Department of Public Health
Center for Rural Health
535 W. Jefferson Street
Springfield, IL 62761**