



**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Podiatric Scholarship Program Application
Academic Year 2021-2022
State Fiscal Year 2022**

The application submission period is May 15, 2021 through June 30, 2021.
Applications received prior to May 15, 2021 or after June 30, 2021 **will not** be accepted.

Name: _____

Mailing Address: _____

_____ City State Zip Code

Phone: _____ E-mail: _____
Home Cell (required)

Date of Birth: _____ Gender: _____ Male _____ Female
mm / dd/ yyyy

U.S. Citizen? ___ Yes ___ No If no, are you a lawful permanent resident? ___ Yes ___ No

How many years have you resided in Illinois? _____

Ethnicity (required):

- ___ African-American (origins in any of the black racial groups in Africa)
- ___ Hispanic (origins in Mexico, South or Central America, or the Caribbean Islands)
- ___ Asian American (origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands)
- ___ White, non-Hispanic
- ___ Native American / Alaskan Native (origins in any of the original peoples of North America)
- ___ Other (specify) _____

Name and location of the Illinois podiatric medical school where you are enrolled or admitted:

Anticipated graduation date: _____ Current Grade Point Average: _____
month / year

Do you have any obligations to provide health care services due to loans, scholarships, grants, or other commitments? If yes explain here:

Please answer the following questions, limiting your answers to one typed, single spaced page per question. Sign the answer, then append your answers to the application.

1. Describe any experience you have had with medically underserved populations. Include experiences you initiated, as well as experiences gain through your schooling.
2. Describe any experience(s) that significantly influenced your choice of health care career.
3. Describe your career goals, including the type of practice and setting you want.
4. Describe any special circumstances regarding your financial status.

RELEASE / CERTIFICATION STATEMENT

By placing my signature on the line below, I agree to and certify the following:

1. The Illinois Department of Public Health (IDPH) is authorized to verify all statements in this application. I hereby authorize all persons and all entities, including educational institutions, to provide any information known about me to IDPH.
2. I am not in default on any obligations for any previously received state or federal loan funds.
3. All information submitted in this application is true, complete, and accurate in all respects.
4. Any educational institution which I attend is authorized to release all information requested by IDPH relevant to my grades, academic standing, and financial status.
5. If I receive a scholarship, I agree to practice on a full-time clinical basis at a medical facility located in a Health Professional Shortage Area in Illinois as a podiatric physician. My practice will begin within 30 days after completion of a podiatric medical residency and licensure to practice podiatric medicine in Illinois. I will practice one full year (or portion thereof if I receive a partial scholarship) for each year of scholarship assistance I receive from IDPH.
6. I default on the scholarship if I fail to: 1) complete podiatric medical school (through academic failure or voluntary actions), 2) become licensed as a podiatrist in Illinois, or 3) fulfill the required service obligation. Should I default, I agree to reimburse the State of Illinois **three times** the total amount of scholarship assistance received for each unfulfilled year of the service obligation.

Signature: _____

Date: _____

The application must include the following:

1. Completed application form.
2. A copy of your birth certificate, U.S. Passport, or Certificate of Naturalization, or documentation that you are a lawful permanent resident of the U.S.
3. A copy of your 2021-2022 Student Aid Report from your FAFSA.
4. A copy of your letter of acceptance into a podiatric medicine program located in Illinois. This letter is not needed if your official transcripts demonstrate you are currently enrolled in a podiatric medical program in Illinois.
5. Official transcripts from your undergraduate or podiatric school; transcripts must be received by IDPH directly from the school or have been issued to the applicant in a sealed envelope, which shall remain sealed until its arrival at IDPH; transcripts must include the institution's seal, the date the transcript was issued, and the registrar's signature; transcripts that do not conform to these requirements **will not** be accepted. Your school can email official transcripts to: dph.crh@illinois.gov
6. Completed narrative questions.

Send The Application and Supplemental Materials To:

**Illinois Department of Public Health
Center for Rural Health
Podiatric Scholarship Program
535 West Jefferson Street, Ground Floor
Springfield, Illinois 62761-0001**

Due to the COVID outbreak, program staff are working remotely and have limited access to mail or fax. Thus, create a pdf version of your application and related materials and send electronically to: dph.crh@illinois.gov