

# **Allied Health Care Professional Scholarship Program**

## **Frequently Asked Questions**

### **When is the application period?**

Applications are accepted beginning March 1 and must be postmarked on or before June 30.

### **How do I obtain an application?**

Applications can be downloaded from this site. You may call to request an application to be mailed or e-mailed. If applications are not available for the coming year, you may call us to be placed on the mailing list.

### **What can I expect after the Center for Rural Health receives my application?**

You will be notified by mail once your application has arrived and informed if the application is complete or if additional documents are needed. All applicants will be offered the opportunity to interview for the scholarship. You will be notified of an interview time in August.

### **Who is eligible for the Allied Health Care Professional Scholarship Program?**

Illinois residents accepted for or enrolled in a graduate school in Illinois seeking to become a nurse practitioner, physician assistant or certified nurse midwife.

### **How are the payments disbursed and when can I expect payments if I am selected?**

Scholarship funds are sent directly to you at the beginning of each semester.

### **I received the scholarship last year, what do I need to do this year to continue receiving the scholarship?**

As long as you are in good academic standing you are eligible to receive this scholarship for two years. The renewal contracts will be sent to you in June.

### **If I am a recipient, what is my obligation?**

As a recipient of the scholarship, you are required to work as a nurse practitioner, physician assistant or certified nurse midwife in an area within Illinois having a shortage area designation for the same number of years you receive the scholarship.

### **What if I complete my education, but do not fulfill my obligation?**

If you fail to meet your obligation, you are required to reimburse the state three times the total amount of the scholarship grant received for each unfulfilled year of the obligation.

### **What do I need to do when I move, change phone numbers or have a change in my contact information?**

You must submit your changes in writing to the Center for Rural Health within seven days of any change of contact information.

### **What can I expect once I complete my obligation?**

Once you have documented that you have fulfilled your obligation, you will receive a letter from the Illinois Department of Public Health stating your obligation has been completed.