

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
NURSING EDUCATION SCHOLARSHIP PROGRAM  
Academic Year 2017 - 2018**

The application submission period is March 1, 2017 through April 30, 2017. If you mail an application, it must be **received** by April 30, 2017. Applications received after April 30, 2017 **will not** be accepted. Applications postmarked by April 30, 2017 but received after April 30, 2017 **will not** be accepted.

After IDPH receives your application, you will receive a confirmation e-mail. Follow the directions listed in the e-mail to complete your application.

Ensure the e-mail address you provide in the application is correct. Communication between IDPH and the applicant will be through e-mail. IDPH **is not** responsible if an applicant provides an inaccurate or invalid e-mail address.

If you are a current scholarship recipient, **DO NOT** submit another application. Contact program staff at 1-800-821-3635 or [dph.nesp@illinois.gov](mailto:dph.nesp@illinois.gov) and request a scholarship renewal.

By submitting this application, you are stating that you have read Sections 6 and 6.5(e) of the Nursing Education Scholarship Law: <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1167&ChapterID=18>. You also agree that your application is not complete until IDPH receives the following:

1. a copy of your enrollment or acceptance letter to an approved institution's nursing program,
2. a copy of your Illinois driver's license or State-issued identification card documenting that you have been an Illinois resident for at least one year prior to applying for the scholarship;
3. a copy of your **notarized** birth certificate, or documentation that you are a naturalized citizen, or documentation that you are a lawful permanent resident of the U.S.;
4. your latest **official** transcripts which indicate your grade point average. 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;
5. your current Student Aid Report from your Free Application for Federal Student Aid;
6. a copy of your current Illinois nursing license (if applicable); and
7. your signed Confirmation and Release form (the form is attached to the confirmation e-mail you will receive from IDPH).

Contact program staff if you do not receive a confirmation e-mail or if you need to make changes to your application.

Contact information: 1-800-821-3635 or [dph.nesp@illinois.gov](mailto:dph.nesp@illinois.gov)

**APPLICATION**

Name \_\_\_\_\_  
(first) (middle) (last)

Mailing address \_\_\_\_\_  
\_\_\_\_\_  
(city) (state) (zip)

Illinois Legislative House District \_\_\_\_\_

Illinois Legislative Senate District \_\_\_\_\_

U.S. Congressional District \_\_\_\_\_

(Choose the districts based on your mailing address. If you need assistance, go to <http://www.elections.il.gov/DistrictLocator/DistrictOfficialSearchByAddress.aspx>)

Date of Birth \_\_\_\_\_ County of Residence \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Driver's license or State-issued ID number \_\_\_\_\_

E-mail Address (required) \_\_\_\_\_

Gender Female \_\_\_\_\_ Male \_\_\_\_\_

Citizenship  
Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, are you a lawful permanent resident alien? Yes \_\_\_\_\_ No \_\_\_\_\_

Years lived in Illinois? \_\_\_\_\_

Ethnicity (optional)  
American Indian / Alaskan Native \_\_\_\_\_ Hispanic \_\_\_\_\_  
Asian / Pacific Islander \_\_\_\_\_ White, non-Hispanic \_\_\_\_\_  
Black, non-Hispanic \_\_\_\_\_ Other \_\_\_\_\_

In which nursing program will you be enrolled during academic year 2016-2017?  
\_\_\_\_ Practical nursing program \_\_\_\_\_ Associate degree program  
\_\_\_\_ Hospital-based diploma program \_\_\_\_\_ Baccalaureate degree program  
\_\_\_\_ Master degree (choose one) \_\_\_\_\_ Doctorate degree (choose one)  
Nurse educator \_\_\_\_\_ PhD \_\_\_\_\_  
Advanced practice nurse \_\_\_\_\_ Doctor of Nursing \_\_\_\_\_  
Doctor of Nursing Science \_\_\_\_\_  
Doctor of Nursing Practice \_\_\_\_\_  
Doctor of Nurse Anesthesia Practice \_\_\_\_\_

Name and city of nursing school where you will be enrolled:

\_\_\_\_\_

(Per the Nursing Education Scholarship Law, scholarships can only be awarded to recipients who attend an approved institution. To view a list of approved nursing schools, go to this site: <http://www.idfpr.com/Forms/DPR/NurseSchools.pdf>)

Number of credit hours required to graduate \_\_\_\_\_

Which year will you be starting in school (indicate a number between 1 and 5) \_\_\_\_\_

LPN = 1, Associate degree = 1 or 2, Hospital-based diploma = 1, 2, or 3, Baccalaureate degree = 1, 2, 3, or 4, MSN degree for nurse educator = 1, 2, or 3, MSN degree for Advanced Practice Nurse or Doctoral degree = 1, 2, 3, 4, or 5.

During academic year 2017 – 2018, will you be enrolled:

Full-time (12 credit hours or more) \_\_\_\_\_

Part-time (4-11 credit hours) \_\_\_\_\_

Combination (full-time and part-time) \_\_\_\_\_

Do you have prior nursing education? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type:

Certificate in practical nursing \_\_\_\_\_ Associate degree in nursing \_\_\_\_\_

Hospital-based diploma in nursing \_\_\_\_\_ Baccalaureate degree in nursing \_\_\_\_\_

Do you have a current Illinois nursing license? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:

Advanced practice nurse license number \_\_\_\_\_

Registered professional nurse license number \_\_\_\_\_

Practical nurse license number \_\_\_\_\_

Are you receiving other types of financial aid that have service commitments that prevent you from fulfilling the service commitment from this scholarship program? Yes \_\_\_\_\_ No \_\_\_\_\_

Grade Point Average (GPA) \_\_\_\_\_

If you don't know your GPA, leave this blank. As soon as your transcripts are received, your GPA will be updated. Due to the applicant selection criteria at 77 Illinois Administrative Code 597.220(b)(2)(C)(i), applicants whose GPA is less than 3.00 may not be considered for a scholarship.

Expected Family Contribution (EFC) \_\_\_\_\_

If you don't know your EFC, leave this blank. As soon as your SAR is received, your EFC will be updated.

**SOCIAL SECURITY STATEMENT**

The Illinois Department of Public Health requests your Social Security number (SSN). You are not required to disclose your SSN at this time, and no rights, benefits, or privileges will be denied if you choose not to disclose your number. However, your SSN will be required at a later date if you are selected to receive funds through the Nursing Education Scholarship Program. If you agree to disclose your SSN, it will be used for collecting information from your nursing school.

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

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

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's printed name

**Applications must be received on or before April 30, 2017**

Mail application to:

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

It is recommended that you send your materials via certified mail or use United Parcel Service or Federal Express so that you can track your submission. IDPH **is not** responsible if the U.S. Postal Service or a private courier does not deliver application materials.