ILLINOIS DEPARTMENT OF PUBLIC HEALTH
NURSING EDUCATION SCHOLARSHIP PROGRAM
Academic Year 2018 - 2019

The application submission period is March 1, 2018 through April 30, 2018. If you mail an application, it must be received by April 30, 2018. Applications received after April 30, 2018 will not be accepted. Applications postmarked by April 30, 2018 but received after April 30, 2018 will not be accepted.

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 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 (this is not needed if you submit official transcripts which document you are in nursing school),

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 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 (FAFSA);

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).

After you submit the application, you will receive an e-mail confirming receipt. Follow the directions listed in the e-mail to complete your application. Contact program staff if you do not receive this e-mail within 48 hours of submitting the application. Contact program staff if you need to make changes to your application. Do not submit another application. Duplicate applications will not be processed.

Contact information: 1-800-821-3635 or 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 2018-2019?

_____ Practical nursing program
_____ Hospital-based diploma program
_____ Master degree (choose one)
   Nurse educator ______
   Advanced practice nurse ______
   Nursing ______

_____ Associate degree program
_____ Baccalaureate degree program
_____ Doctorate degree (choose one)
   PhD ______
   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 ______________________________________

(Recipients must attend a school that is approved by the Illinois Department of Financial and Professional Regulation or the Illinois Board of Higher Education. To view a list of schools approved by the Illinois Department of Financial and Professional Regulation, go to this site: http://www.idfpr.com/Forms/DPR/NurseSchools.pdf Please contact staff (dph.nesp@illinois.gov) to see which schools are approved by the Illinois Board of Higher Education.

Credit hours required to graduate (required): ____________________________________________

Which year will you be starting in school (indicate a number between 1 and 5) ________________
LPN = 1, Associate = 1 or 2, Hospital Diploma = 1, 2, or 3, BSN = 1, 2, 3, or 4, MSN for nurse educator = 1, 2, or 3, MSN for Advanced Practice Nurse or doctorate = 1, 2, 3, 4, or 5.

During academic year 2018 – 2019, will you be enrolled:
  - Full-time (12 credit hours or more) _____
  - Part-time (4-11 credit hours) _____
  - Combination (full-time and part-time) _____
(Part-time recipients must be enrolled for at least one-third of the number of credit hours required per term by a school for its full-time students.)

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 _____
  - Graduate degree in nursing _____
  - Doctorate 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 _____
(If yes, you are ineligible for this scholarship)

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 3.0 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, 2018

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.