Illinois Student Assistance Commission

1755 Lake Cook Road
Deerfield, IL 60015-5209
800.899.ISAC (4722)
Web site: collegezone.com
E-mail: collegezone@isac.org

# 2010-11 ACADEMIC YEAR
# VETERANS' HOME NURSE LOAN REPAYMENT APPLICATION

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to prosecution to the fullest extent of the law.

## *SECTION 1: BORROWER INFORMATION*

**Please enter or correct the following information:**

Social Security Number | | | | | | | | | |

E-mail address _____

Borrower's Name _____

Employer's Name _____

Address _____

Employer's Address _____

City, State, ZIP Code _____

City, State, ZIP Code _____

Home Telephone _____

Work Telephone _____

## *SECTION 2: BORROWER'S LOAN REPAYMENT REQUEST AND CERTIFICATION*

**Before completing this section, please read the entire application, including the following sections: Additional Required Documentation, General Information and Instructions, and Eligibility Requirements.**

I certify that:

- I am employed as a registered professional or licensed practical nurse in an approved State of Illinois veterans' home, and have been or expect to be employed for at least 12 consecutive months. Approved veterans' homes for purposes of this program are located in **Anna**, **LaSalle**, **Manteno** and **Quincy**, Illinois.
- If I am a prior recipient, I have not received more than the maximum award amount of $5,000 allowed in any 12 month period.
- I am a resident of Illinois.
- ISAC will send the proceeds for which I am eligible in multiple disbursements to the holder/servicer/lender of my loan(s).
- I have read, understand and meet all of the eligibility requirements for participation in this program as described in Section 6.
- The information that I have provided is true and correct to the best of my knowledge.

_____ _____
Applicant's Signature Date

## *SECTION 3: VETERANS' HOME CERTIFICATION*

**This section must be completed by the administrator of the veterans' home where you are employed.**

I hereby certify under penalties of perjury as provided by law, to the best of my knowledge and belief, that the applicant named in Section 1 is currently employed by an approved State of Illinois veterans' home, has completed the prescribed employment probationary period, has been or is expected to be employed for at least 12 consecutive months, and said employment is in good standing.

_____
Name of approved veterans' home

_____ _____ _____
Print or Type Name & Title Signature Date

# VETERANS' HOME NURSE LOAN REPAYMENT APPLICATION

## *SECTION 4: ADDITIONAL REQUIRED DOCUMENTATION*

**The following document(s) are required to be attached to this application:**

- A copy of the statement from the institution(s) currently holding the eligible loan(s) that shows the outstanding balance on the account to which these proceeds are to be applied.
- If you are a prior recipient, a copy of the payment history from the last institution(s) to which the Veterans' Home Nurse Loan Repayment proceeds were paid. You must clearly identify the Veterans' Home Nurse Loan Repayment payment transaction.

## *SECTION 5: GENERAL INFORMATION AND INSTRUCTIONS*

- Due to a shortage of nurses in state-operated veterans' home, resulting in lengthy resident waiting lists, the Veterans' Home Nurse Loan Repayment Program was designed to pay eligible loans as an incentive to encourage nurses to pursue and/or maintain careers in Illinois veterans' homes.
- Assistance under this program may be received for up to a maximum of 4 years. The assistance cannot exceed the outstanding balance of the eligible educational loan(s) or $5,000 per year, whichever is less. Eligible educational loans include Stafford loans, Graduate PLUS loans, consolidation loans, nursing student loans, Supplemental Loans for Students, alternative loans and other types of government and institutional loans used for nursing education expenses.
- Proceeds will be remitted directly to the holder/servicer/lender of the loan(s) to be repaid.
- The total number of awards each fiscal year is contingent on available funding. If funding is insufficient to pay all eligible applicants, awarding will be based on the date the complete application, with all required documentation, is received in ISAC's Deerfield office.
- Section 3 must be completed by the certifying administrator of the veterans' home where you are employed.
- The documentation required in Section 4 and any other requested documentation must be submitted as a part of this application.
- Return the completed application to the address shown in Section 7.
- If the application is incomplete, ISAC will notify the applicant who will have an opportunity to furnish the missing information. The application will only be considered for processing as of the date the application is complete and received at ISAC's Deerfield office.

## *SECTION 6: ELIGIBILITY REQUIREMENTS*

- You must be a United State citizen or eligible noncitizen.
- You must be a resident of Illinois.
- You must have an outstanding balance due on an eligible educational loan.
- You must be a nurse who meets licensing requirements of the Illinois Department of Financial and Professional Regulation.
- You must be a registered professional or licensed practical nurse employed by an approved State of Illinois veterans' home, and have been or expect to be employed for at least 12 consecutive months. You must also have completed the prescribed probationary period, and your employment must be in good standing as certified by the Illinois Department of Veterans' Affairs in Section 3. Approved Illinois veterans' homes for purposes of this program are located in **Anna**, **LaSalle**, **Manteno** and **Quincy**, Illinois.
- You must be an applicant who is not in default on a federal guaranteed educational loan nor owes a refund on a grant or scholarship administered by ISAC.

## *SECTION 7: RETURNING THE APPLICATION*

**Return the completed application and required documentation to:**

Compliance D-4
Illinois Student Assistance Commission
1755 Lake Cook Road
Deerfield, IL 60015