

2009-10 Nurse Educator Scholarship Program (NESP) APPLICATION/TEACHING AGREEMENT/PROMISSORY NOTE

The completed application must be postmarked on or before March 1, 2009 for priority consideration.
Please check with the Financial Aid Administrator at your college and collegezone.com for processing updates.
WARNING: Any person who knowingly makes a false statement or misrepresentation on this NESP Application/Teaching Agreement/Promissory Note shall be subject to prosecution to the fullest extent of the law.

Section A – Applicant Information

Before completing this NESP Application/Teaching Agreement/Promissory Note, be sure you have reviewed all eligibility requirements and the terms and conditions. Information is also provided on this program's content page in the Student Zone at collegezone.com.

Reminder: You must complete a Free Application for Federal Student Aid (FAFSA) prior to your college completing Section B – College Certification.

| | | | | |
|-----------------------------------------------------------------------|---------------|------------|----|--------------------------------|
| A1. Social Security Number [][][] - [][][] - [][][][][] | A2. Last Name | First Name | MI | Prior Last Name, if applicable |
|-----------------------------------------------------------------------|---------------|------------|----|--------------------------------|

| | |
|----------------------------|----------------------------------------------------------------------------------|
| A3. Permanent Home Address | A4. Home Area Code/Telephone Number ([][][]) [][][] - [][][][][] |
|----------------------------|----------------------------------------------------------------------------------|

| | | |
|------|-------|----------|
| City | State | ZIP Code |
|------|-------|----------|

| | | |
|-----------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|
| A5. Date of Birth (Month/Date/Year) [][] / [][] / [][][][] | A6. State of Legal Residency [][] | A7. Drivers License # or State ID # (If none, check here <input type="checkbox"/>) State Issued [][] |
|-----------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| A8. Citizenship (check one) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Eligible Noncitizen and A# _____ | E-mail Address (optional) |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|

A9. References – You must provide one adult reference
Reference's Relationship to you: Parent Other Relative Non-Relative Relationship if not parent: _____

| | |
|------|------------------------------------------------------------------------------|
| Name | Home Area Code/Telephone Number ([][][]) [][][] - [][][][][] |
|------|------------------------------------------------------------------------------|

| | | | |
|------------------------|------|-------|----------|
| Permanent Home Address | City | State | ZIP Code |
|------------------------|------|-------|----------|

CERTIFICATION STATEMENT: I certify that I have received, read, understood, and agreed to all terms and conditions of the NESP Application/Teaching Agreement/Promissory Note. I also understand that I may cancel this scholarship, without any cost, by returning all proceeds that were issued for my benefit, provided that the proceeds are returned prior to the end of the academic year in which they were received. I certify, under penalties of perjury as provided by law, that the following statements are true, correct and are being provided to the best of my knowledge and belief: (1) the information is accurate, complete, and provided in good faith; (2) the program proceeds will be used for educational expenses; (3) I am not in default on an educational loan nor do I owe a refund on a federal or state grant; (4) I have complied with the federal Selective Service registration requirements; and (5) I have kept a copy of this document for my records.

| | |
|----------------------------------------------------|--------------------|
| A10. _____ Applicant Signature (must be in ink) | A11. _____ Date |
|----------------------------------------------------|--------------------|

Section B – College Certification

B1. I hereby certify under penalties of perjury as provided by law, to the best of my knowledge and belief, that the student named in Section A meets all of the eligibility requirements for NESP.

| | | | |
|--------------------------------------------------------------|--------------|---------------------------------------------------------------|-------|
| Cumulative Grade Point Average (GPA) (Based on 4.0 scale) | [] . [][] | Expected Family Contribution (EFC) (From Part II SAR/ISIR) | _____ |
| (whole dollar amount only) | | | |

OR

- B2. I hereby certify that the student named in Section A of this document is not eligible for the NESP for the reason(s) indicated below:
- Is not a U. S. Citizen or eligible non-citizen
 - Is not a Resident of Illinois
 - Is not maintaining Satisfactory Academic Progress
 - Has a defaulted loan made pursuant to Title IV of the Higher Education Act or owes a refund for ISAC-administered gift assistance, a Federal Pell Grant, or a Federal Supplemental Educational Opportunity Grant (FSEOG)
 - Is not a recipient of at least a Bachelor's degree
 - Has not filed a complete 2009-10 FAFSA
 - Is not enrolled or accepted for enrollment on at least a half-time basis in an approved program of professional or practical nursing education at the graduate level at an Illinois institution of higher learning
 - Has not complied with Selective Service registration requirements

B3. College Name: _____ Federal School Code [][][][][][]

Print or Type Name & Title

Signature of Financial Aid Administrator

Date

**Mail only page 1 of the completed NESP Application/Teaching Agreement/Promissory Note to:
D-1B Nurse Educator Scholarship Program Processing, ISAC, 1755 Lake Cook Road, Deerfield, IL 60015-5209**

2009-10 NURSE EDUCATOR SCHOLARSHIP PROGRAM (NESP) APPLICATION/TEACHING AGREEMENT/PROMISSORY NOTE INSTRUCTIONS AND TERMS AND CONDITIONS

INSTRUCTIONS

Each section of this form must be complete. If the NESP Application/Teaching Agreement/Promissory Note is incomplete, ISAC will notify the applicant and/or college. The NESP Application/Teaching Agreement/Promissory Note will be considered for priority consideration processing as of the date the applicant and college sections are complete and received in ISAC's Deerfield office.

Section A. Applicant Information:

All applicants must complete this section. ISAC will only accept the NESP Application/Teaching Agreement/Promissory Note with an original ink signature. (Photocopies and fax copies will not be accepted.) The applicant must retain a copy and forward the original NESP Application/Teaching Agreement/Promissory Note to the financial aid administrator at the approved college. A listing of Illinois colleges approved to participate in NESP is available at collegezone.com.

Section B. College Certification

Must be completed by an authorized financial aid administrator (FAA) at the college. Carefully read the College Certification Statement before signing.

- B1: Check the box to indicate the applicant applied for and is ELIGIBLE to receive NESP. The FAA must provide the applicant's cumulative grade point average (GPA) at the end of the 2009 Spring term. If a GPA has not been established at your school (transfer students), enter the GPA used for admittance to your college. Enter the expected family contribution (EFC – whole dollar amount only) from the ISIR or Part II of the SAR; or
- B2: Check the box if the applicant applied for and is NOT eligible to receive NESP. The applicable ineligible reason(s) must be checked in B2.
- B3: The FAA must provide the name of the college, the federal school code, print or type the FAA's name and title, sign and date the College Certification after completing the appropriate Item(s) in B1 or B2. The signature must appear whether the applicant is eligible or ineligible. The FAA then mails only page 1 of the completed NESP Application/Teaching Agreement/Promissory Note to: D-1B Nurse Educator Scholarship Program Processing, ISAC, 1755 Lake Cook Road, Deerfield, IL 60015-5209

Notifications of awards will be made by mail. Please visit collegezone.com or call a College Zone Counselor for processing updates.

TERMS AND CONDITIONS

By providing my signature on item 10 in Section A (Applicant Signature) of the 2009-10 Nurse Educator Scholarship Program (NESP) Application/Teaching Agreement/Promissory Note, I agree to the terms and conditions of the 2009-10 Nurse Educator Scholarship Program rules and procedures as described in this Teaching Agreement/Promissory Note.

The Nurse Educator Scholarship Program offers applicants who are studying to become teachers of nursing education in Illinois the opportunity to receive an award for assistance with college expenses. The award amount paid for a recipient attending a public college in Illinois shall not exceed the cost of tuition and fees at that college. A recipient attending a private college in Illinois may receive a scholarship sufficient to pay the cost of tuition and fees, provided the award does not exceed the maximum amount payable to a student enrolled in the most expensive comparable program of study at a public college in Illinois. A qualified applicant will also receive a stipend of not more than \$10,000 for full-time enrollment. The stipend will be used to cover the cost of attendance including living expenses. Stipends for recipients enrolled less than full-time will be prorated according to the credit hours taken. The total amount of Nurse Educator assistance awarded to a qualified applicant in a given academic year, when added to the other financial aid available to the qualified applicant for that year, cannot exceed the cost of attendance.

PROMISE TO PAY

If I receive funds from the Nurse Educator Scholarship Program, I promise to teach in Illinois for five years for any assistance received through this program. I understand that this is a promissory note, which will obligate me to repay program awards if I do not fulfill the teaching requirement described on this form. I realize that my failure to fulfill the teaching requirement will immediately convert any funds received into an interest-bearing loan. Therefore, I will either teach or pay ISAC, or its designee, the entire amount prorated according to the fraction of the teaching obligation not completed, plus interest and, if applicable, reasonable collection fees. I also understand that I may cancel this award, without any cost, by returning all proceeds that were issued for my benefit provided that the proceeds are returned prior to the end of the academic year in which they were received.

PROGRAM AGREEMENTS

1. I certify that I:
 - a. am a resident of Illinois;
 - b. am a United States citizen or eligible noncitizen;
 - c. am a recipient of at least a bachelor's degree;
 - d. have filed a Free Application for Federal Student Aid (FAFSA) prior to submitting this NESP Application/Teaching Agreement/Promissory Note to my college.
 - e. have complied with federal Selective Service registration requirements;
 - f. am not in default on an educational loan and do not owe a refund on any federal or state grants/scholarships.
2. I agree to maintain eligibility for this scholarship by:
 - a. enrolling or being accepted for enrollment on at least a half-time basis in an approved program of professional or practical nursing education at the graduate level at an Illinois college of higher learning;
 - b. maintaining satisfactory academic progress as determined by the Illinois college of higher learning at which I am enrolled;
 - c. not receiving scholarship assistance under this program for more than the equivalent of 8 semesters/16 quarters of full-time enrollment.
3. As a Nurse Educator Scholarship Program recipient, I:
 - a. pledge to work as a nurse in Illinois in an approved program of professional nursing education or an approved program of practical nursing education, as certified by an authorized individual at the approved Illinois college, for a period of not less than five years;
 - b. shall begin working as a nurse educator within one year following the termination of the program for which I received assistance under this Part, and shall teach on a continuous basis for the required five year period of time;
 - c. shall fulfill the teaching requirement in Illinois in an approved program of professional nursing education or an approved program of practical nursing education at an approved college that prepares students for careers as practical or professional nurses;
 - d. agree, if the teaching requirement is not fulfilled and the proceeds received convert to a loan, that I must repay the entire amount prorated according to the fraction of the teaching obligation not completed, plus interest at a rate of interest equal to five percent and, if applicable, reasonable collection fees;
 - e. agree to provide ISAC with evidence of compliance with program requirements (e.g., responses to annual follow-up questionnaires, etc.); and
 - f. promise to use all proceeds received for educational expenses.
4. See **ADDITIONAL AGREEMENTS**.

2009-10 NURSE EDUCATOR SCHOLARSHIP PROGRAM (NESP) APPLICATION/TEACHING AGREEMENT/PROMISSORY NOTE INSTRUCTIONS AND TERMS AND CONDITIONS

EXTENSION OF TEACHING REQUIREMENTS

1. The teaching requirement may be extended if I am:
 - a. serving, for not more than three years, as a member of the United States Armed Forces;
 - b. temporarily totally disabled, for not more than three years, as established by the sworn affidavit of a licensed physician;
 - c. actively seeking, but unable to find, employment as a nurse educator at an approved Illinois college for one continuous period of time which shall not exceed two years in duration.
 - d. taking additional courses on at least a half time basis, needed to obtain certification in a nursing educator program in Illinois.
2. In order to qualify for any of these extensions, I must provide written evidence of my eligibility and submit a request to ISAC to approve my extension.

REPAYMENT

1. I understand that termination of enrollment or failure to fulfill this teaching requirement will convert the award to an interest-bearing loan. If the five-year teaching requirement is not fulfilled, I will repay the Illinois Student Assistance Commission (ISAC), or its designee, a sum equal to the amount of the funds received plus interest, and, if applicable, reasonable collection fees.
2. I agree that, if the funds received convert to a loan, I shall:
 - a. enter repayment status on the earliest of the following dates: (1) the first day of the first calendar month after I have ceased to pursue a course of study leading to certification as a nursing educator, but not before six months have elapsed after the cessation of at least half-time enrollment in such a course of study; (2) the date that I inform ISAC that I do not plan to fulfill the teaching obligation; or (3) the day after the latest date upon which I must have begun teaching after completing the nurse educator program for which the funds were awarded.
 - b. make payments to ISAC, or its designee, which cover principal, interest and collection costs according to a schedule established by ISAC, and which calls for complete repayment within ten years after I enter repayment status.

INTEREST

1. The interest rate for repayment of a Nurse Educator Scholarship Program award shall be equal to five percent (5%).
2. Interest charges begin to accrue on the date that my repayment obligation begins.

ADDITIONAL AGREEMENTS

1. I agree that, if I fail to meet the conditions for maintaining complete eligibility, or if ISAC determines that I ceased to pursue a graduate degree for which the scholarship was received, I shall:
 - a. repay the entire amount of the award received, prorated according to the fraction of the teaching obligation not completed, as determined by ISAC;
 - b. pay a simple per annum interest charge on the outstanding principal;
 - c. pay all charges incurred for the collection and/or enforcement of this note, including, but not limited to, reasonable attorney's fees and collection costs as determined by ISAC.
2. I will comply with all ISAC rules and agree to inform ISAC in writing within ten days of any changes affecting my enrollment status, name or address.
3. I authorize ISAC to obtain enrollment and address information from any of the officers or agents of the graduate school in which I plan to become enrolled, am enrolled, or was enrolled.
4. I may appeal an ISAC administrative decision in accordance with 23 Ill. Adm. Code 2700.70.

REPAYMENT DEFERMENTS

1. I may temporarily postpone the repayment obligation during the time I:
 - a. am serving, for not more than three years, as a member of the United States Armed Forces;
 - b. am temporarily totally disabled, for no more than three years, as established by the sworn affidavit of a licensed physician;
 - c. am actively seeking and unable to find full-time employment for one continuous period, not to exceed two years;
 - d. have withdrawn from a course of study leading to certification as a nursing educator but I am enrolled full-time in another academic discipline not related to nursing education, not to exceed three years.
 - e. am pursuing a graduate course of study and enrolled on a full-time basis for one continuous period of time, not to exceed three years;
2. In order to qualify for any of these deferments, I must provide written evidence of my eligibility and must submit a request to ISAC to approve my deferment.
3. During the time I qualify for any of the deferments described above, I need not make payments and interest does not accrue.
4. I understand that ISAC may extend the ten-year repayment period by the length of time that I meet any of the deferment conditions.

REPAYMENT CANCELLATION

1. ISAC will cancel my repayment obligation if it determines that I have:
 - a. become totally and permanently disabled, on the basis of a sworn affidavit of a licensed physician;
 - b. died, on the basis of a death certificate provided by the executor (or the executor's designee) of my estate.
2. Applications for these cancellations are available from ISAC.

DEFAULT

1. This note shall, at ISAC's option, become immediately due and payable if I:
 - a. fail to make principal payments when due, or fail to pay any installment of interest, unless ISAC agrees to allow the accrued interest to be capitalized as part of the principal amount;
 - b. file a petition for bankruptcy;
 - c. make a false representation in any material respect on any ISAC NESP Application/Teaching Agreement/Promissory Note.
2. In the event of acceleration, interest shall continue to accrue on any unpaid balance.
3. I hereby waive demand and presentment of payment and notice of dishonor.