

Dear Applicant:

Thank you for your interest in the Illinois Farm Bureau's® Rural Nurse Practitioner Scholarship Program. This year, fifteen \$4,000 scholarships will be awarded by the program. Each scholarship can be used by the selected Registered Nurse to further their study at an accredited college or university to become a Nurse Practitioner in a rural area. The scholarships are funded by the Rural Illinois Medical Student Assistance Program. If you receive the scholarship, you will be required to work for two years in a rural community in Illinois.

Enclosed is the scholarship application packet, with the following items included in this mailing:

APPLICATION

The completed application must be received in this office by May 1. Please note that the completed application form must have the signature of the county Farm Bureau® president of the county in which you reside. You must also include three letters of reference, one from a registered nurse, and a one-page statement of why you want to be a nurse practitioner in a rural area.

PROTOCOL

This lists important dates to remember. The most important date at this point is May 1, when completed applications are due in this office. Please pay close attention to the responsibilities of the scholarship winner and dates specific items are due in this office.

LIST OF RURAL COMMUNITIES

This list is not based on practitioner to patient ratio but is based on the size of a community. Cook and the collar counties and other larger metropolitan areas are not included. Few, if any, opportunities exist in these areas. NOTE: Except for the communities expressly listed herein, there can be no guarantee that any Illinois community will be acceptable, regardless of size or rural character of the community as it exists at the time of the execution of this Agreement. **Administrator approval is required before your commitment to an area not included upon this list. Please contact the Rural Nurse Practitioner Program Administrator for clarification or any questions you may have.**

CHECK-OFF LIST

This form will list the items that need to be returned with the completed application form in order to be eligible for consideration for the scholarship.

If you receive the scholarship, you will be required to sign a scholarship agreement and a promissory note. If the terms of the agreement are not fulfilled, you will be required to pay back the scholarship plus interest.

If you have any questions, please call me at (309) 557-2350 or via e-mail at dgallivan@ilfb.org. I will be glad to assist you in any way possible. If you would like additional application packets please visit our website at RIMSAP.com.

Again, thank you for your interest in this program.

Sincerely,

Donna Gallivan, Administrator
Rural Nurse Practitioner Scholarship Program



When and How to Apply

Interested registered nurses may seek more information or an application for this program by contacting:

Donna Gallivan, Administrator
Rural Nurse Practitioner
Scholarship Program
Illinois Farm Bureau
1701 Towanda Avenue
PO Box 2901
Bloomington, IL 61701
Phone (309) 557-2350
dgallivan@ifb.org
www.RIMSAP.com



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Rural Nurse Practitioner Scholarship Program



Illinois Farm Bureau® Rural Nurse Practitioner Scholarship Program

This program, which started in 1992, is an effort to encourage and develop a pool of rural health practitioners to help meet the needs of primary care in rural Illinois.

Grant Information

Based upon selection by the Scholarship Committee, a grant award of \$4,000 shall be paid directly to the recipient's educational institution offering the approved nurse practitioner curriculum. Payment shall be made in two installments, the first in September and the second in January of the academic year. Upon each installment, the student agrees to sign a promissory note.

Grants are contributed by the Rural Illinois Medical Student Assistance Program (RIMSAP).

Eligibility Requirements

Students applying for the scholarship must have the following credentials:

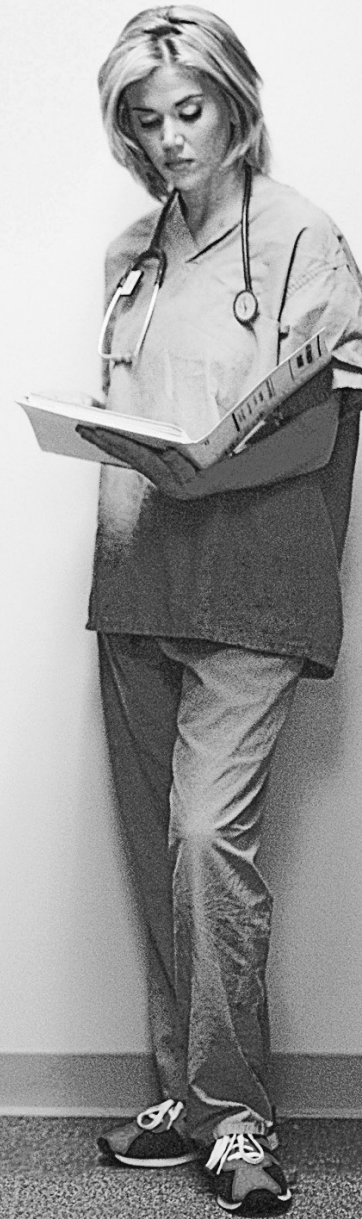
1. Illinois resident
2. Registered nurse
3. University Nurse Practitioner Program acceptance

Applicants must submit a transcript of prior academic work and three letters of reference, one of which shall be from a registered nurse.

Recipients must agree to practice as a nurse practitioner in an approved rural community in Illinois for two years.

For the purpose of this program, a rural community is identified by its population and rural character.

Recipients are eligible to receive more than one year of funding by reapplying. If selected to receive an additional year of funding the recipient must practice in a rural area two years for each year of funding received.



Time Table

May 1	Applications due
June	Illinois Farm Bureau Nurse Practitioner Scholarship Committee recommends recipients to the Grant Providers
July	Recipient(s) are notified.
Sept.	First installment paid to university.
Jan.	Recipient submits a one-page progress report to Scholarship Committee.
Jan.	Second installment paid to university.
May	Second progress report is submitted to Committee.

Upon graduation, recipient must submit a letter to the Scholarship Committee verifying employment in a rural community.

After completion of the two years of service, the recipient must verify he/she has been employed in a rural area.

**ILLINOIS FARM BUREAU
RURAL NURSE PRACTITIONER SCHOLARSHIP
ATTACHMENTS
(CHECK OFF LIST)**

The following attachments must accompany the completed application in order to qualify for the scholarship. Failure to provide the required material will disqualify the applicant for consideration of the scholarship.

Did you remember to include the following items with your completed application?

- The complete IFB application form which includes the signature of the county Farm Bureau president of the county in which the registered nurse resides;
- Verification of Illinois residency;
- Verification of Illinois registered nurse licensure;
- Transcripts of prior academic work;
- Three letters of reference, one of which shall be a registered nurse;
- Verification of acceptance into a university nurse practitioner program.

- RURAL means a county, not a metropolitan statistical area (MSA) or a county in a MSA but having a population of 60,000 or less.

ILLINOIS FARM BUREAU® RURAL NURSE PRACTITIONER SCHOLARSHIP APPLICATION FORM

NAME:	HOME COUNTY:		
HOME ADDRESS: _____ <small style="text-align: center;">STREET OR RURAL ROUTE CITY STATE ZIP</small>			
TELEPHONE: () _____	Email: _____	NO. YEARS RESIDING IN IL: _____	
BIRTHDATE: / / _____ <small style="text-align: center;">MONTH DAY YEAR</small>		SOCIAL SECURITY NO: _____	
EMPLOYER NAME: _____			
ADDRESS: _____ <small style="text-align: center;">STREET CITY STATE ZIP</small>			
IF MARRIED, LIST SPOUSE'S NAME AND OCCUPATION: _____			
NAME OCCUPATION _____			
NUMBER OF CHILDREN: _____	LIST AGES OF CHILDREN: _____, _____, _____, _____, _____.		

ACADEMIC HISTORY:	
CONTACT YOUR SCHOOL AND HAVE THEM SEND US A TRANSCRIPT.	
BASIC NURSING EDUCATION: _____	NAME OF INSTITUTION
SCHOOL ADDRESS: _____ <small style="text-align: center;">STREET CITY STATE ZIP</small>	
YEAR GRADUATED: _____	ACADEMIC CREDENTIAL: <input type="checkbox"/> ADN, <input type="checkbox"/> DIPLOMA, <input type="checkbox"/> BSN, <input type="checkbox"/> OTHER.

OTHER EDUCATION:		
NAME OF INSTITUTION _____		
SCHOOL ADDRESS: _____ <small style="text-align: center;">STREET CITY STATE ZIP</small>		
YEARS ATTENDED: _____	YEAR GRADUATED: _____	DEGREE RECEIVED: _____
MAJOR: _____		
NAME OF INSTITUTION _____		
SCHOOL ADDRESS: _____ <small style="text-align: center;">STREET CITY STATE ZIP</small>		
YEARS ATTENDED: _____	YEAR GRADUATED: _____	DEGREE RECEIVED: _____
MAJOR: _____		

EMPLOYMENT HISTORY:

LIST ALL PLACES YOU HAVE BEEN EMPLOYED, JOB TITLE AND DATES OF EMPLOYMENT.
LIST IN REVERSE CHRONOLOGICAL ORDER BEGINNING WITH YOUR PRESENT EMPLOYER.

YEAR _____ FROM TO _____
MONTH YEAR MONTH YEAR

EMPLOYER _____ APPLICANT'S JOB TITLE _____

ADDRESS: _____
STREET CITY STATE ZIP

YEAR _____ FROM TO _____
MONTH YEAR MONTH YEAR

EMPLOYER _____ APPLICANT'S JOB TITLE _____

ADDRESS: _____
STREET CITY STATE ZIP

YEAR _____ FROM TO _____
MONTH YEAR MONTH YEAR

EMPLOYER _____ APPLICANT'S JOB TITLE _____

ADDRESS: _____
STREET CITY STATE ZIP

ILLINOIS REGISTERED NURSE LICENSE NUMBER: _____

LIST PROFESSIONAL AND COMMUNITY ORGANIZATIONS AND ACTIVITIES:

HAVE YOU APPLIED FOR ADMISSION TO A NURSE PRACTITIONER PROGRAM? YES NO IF YES, DATE APPLIED: _____

ARE YOU ACCEPTED: YES NO (IF YES, INCLUDE A COPY OF THE ACCEPTANCE LETTER.) Graduation Date: _____

NAME OF UNIVERSITY: _____

SCHOOL ADDRESS: _____
STREET CITY STATE ZIP

IF NO, WHEN WILL YOU BE NOTIFIED OF ACCEPTANCE? _____
DATE

HAVE YOU APPLIED OR RECEIVED ANY SCHOLARSHIPS THAT REQUIRES A SERVICE OBLIGATION: YES NO
NAME OF SCHOLARSHIP PROVIDER AND LENGTH OF SERVICE OBLIGATION. _____

WILL YOU SIGN AN AGREEMENT TO PRACTICE IN A RURAL* COUNTY IN ILLINOIS FOR A PERIOD OF TWO YEARS FOR EACH YEAR FUNDED AFTER GRADUATION: YES NO

IF YES, WHERE WOULD YOU PLAN TO PRACTICE: _____
COUNTY

IS THERE AN AGENCY IN THAT COUNTY WHO WOULD BE INTERESTED IN EMPLOYING NURSE PRACTITIONERS: YES NO
AGENCY NAME: _____

IF NO NURSE PRACTITIONER JOB IS AVAILABLE IN THE COUNTY LISTED ABOVE, ARE YOU WILLING TO RELOCATE TO ANOTHER COUNTY:
 YES NO

PLEASE ENCLOSE WITH THIS APPLICATION FORM A ONE PAGE STATEMENT THAT INCLUDES:

1. WHY YOU WANT TO BECOME A NURSE PRACTITIONER; AND
2. WHY YOU WANT TO PRACTICE IN A RURAL AREA.

PLEASE ENCLOSE WITH THIS APPLICATION THREE LETTERS OF PERSONAL RECOMMENDATION.

ONE SHOULD BE FROM A REGISTERED NURSE.

PLEASE ENCLOSE ANY OTHER INFORMATION THAT YOU BELIEVE IS RELEVANT TO THIS APPLICATION.

THE FOLLOWING SIGNATURES MUST BE SECURED BEFORE THIS APPLICATION IS SUBMITTED:

- ✓ REVIEWED BY: _____ COUNTY
- ✓ COMMENTS BY COUNTY FARM BUREAU PRESIDENT: _____
- ✓ CFB PRESIDENT'S SIGNATURE: _____
- ✓ APPLICANTS SIGNATURE: _____
- ✓ DATE OF APPLICATION: _____

MAIL TO:

RURAL NURSE PRACTITIONER SCHOLARSHIP PROGRAM
ILLINOIS FARM BUREAU
P.O. BOX 2901
1701 TOWANDA AVENUE
BLOOMINGTON, IL 61701

FAILURE TO PROVIDE THE REQUIRED
ATTACHMENTS WILL RESULT IN THE
DISQUALIFICATION OF APPLICANT IN
CONSIDERATION FOR THE SCHOLARSHIP.

*RURAL means a county, not a metropolitan statistical area (MSA) or a county in a MSA but having a population of 60,000 or less