



WELCOME TO THE Human Service Professional Loan Repayment WEBINAR

Tuesday, October 7, 2025

This webinar is brought to you by:



A statewide association and advocacy network focused on building capacity of Illinois' system of programs and services for youth.

ICOY advocates for Illinois youth, families, and the community-based providers that serve them as well as supports through organizational support aimed at technical assistance, professional development, strengthening infrastructure and improving governance.



A coalition of 850+ organizational partners serving every legislative district in Illinois.

ILPHS is the largest collective voice for human services in the state and an advocate for high quality, evidence-based, sustainable approaches to human services provision.

Our work spans three key areas: [Policy & Advocacy](#), [Research](#), and [Trainings](#).

Impact in Real Time:

Human Services Professional Loan Repayment Program



330 awardees supported with up to \$20,000 in student loan repayment.

\$4.3 M out of the door from ISAC to pay down student loan debt

53.6% of applicants identify as Black, Brown, or People of Color.

Next Up: Requesting continued appropriations of \$5M to keep the program active.

“Many employees within Human Services do not see the point in earning a degree if they will only accrue more debt, and at some point will have to accept that they may very well go to their deathbed with unforgiven and unpaid loans.” – Katie K.

We’re changing this reality.

We are honored to have **State Rep. Lindsey LaPointe** with us today, showing her continued support:



*Representative Lindsey LaPointe,
IL 19th District*



*Living Wages, Thriving Communities Press Conference
At the YMCA on*

HUMAN SERVICES PROFESSIONAL LOAN REPAYMENT PROGRAM

Tania Mendoza and Keegan Shiner

Student Engagement and Support Services



**The Human Services Professional Loan
Repayment Program (HSPLRP) is intended to
provide loan repayment assistance to qualified
human services professionals in an effort to
recruit and retain more providers in Illinois**

The amount of the annual award **is based on educational and professional credentials**

- **\$15,000** per year for a master's degree or higher
- **\$10,000** per year for a bachelor's degree
- **\$2,000** per year for an associates degree
- **\$5,000** per year add-on for independently licensed
 - Clinical social workers
 - Clinical professional counselors
 - Practitioners of the healing arts
 - Marriage and family therapists
 - Board-certified behavior analysts
 - Registered behavior technicians

Eligibility

- Be a **U.S. citizen** or an **eligible non-citizen**
- Be an **Illinois resident**
- Be a full-time HSP **for at least 24 months prior to application**
- Work at a qualifying community-based human services agency that is **currently or formerly** either grant-funded, on contract, or funded by:
 - the Department of Human Services
 - the Department of Children and Family Services
 - the Department of Juvenile Justice
 - the Department on Aging
 - the Department of Public Health

Eligibility

- Have a remaining balance on your eligible student loans
- **Not be in default** on a federally guaranteed educational loan or owe a refund on any grant or scholarship administered by ISAC

Renewal Applicant Eligibility

- Agree to remain a full-time employee at the same agency **for at least 12 months after receiving this grant**
- Have worked for **at least one of the facilities** that would have been listed on their prior year
 - A renewal applicant who is no longer employed with any of the employers listed during their previous award year would not meet the eligibility requirement of working for the same agency.
 - A renewal applicant who listed 1-3 employers in their first award year **and still remains working at one of those places** in the renewal year would meet the eligibility requirement of working for the same agency.

Required Documentation

- To Apply, you will need,
 - A current loan account statement with:
 - Your Full Name and Address
 - Name, address, and phone number of the loan holder/servicer
 - Account number
 - Type of loan
 - Monthly payment amount
 - Outstanding balance
 - Date within 30 days of application. Billing statements are usually not accepted due to the date stamp. Instead, check your lender's website for a link to "Printable Account Information" or a "Loan Summary" page.
 - Copy of your Illinois licenses or certifications (if applicable)
 - Official or Unofficial Transcripts
 - Completed Employer Verification Form


Application Dates

- For priority consideration, applications must be submitted on or before the **May 31st deadline**
- Untimely applications are considered for as long as funding remains. The application will close when funding is limited

Applying



Employer Verification



ISAC
Illinois Student Assistance Commission

**Illinois Student Assistance Commission
Human Services Professional Loan Repayment Program
Employer Verification Form**

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.

The Human Services Professional Loan Repayment Program requires that an applicant have worked for at least 24 consecutive months immediately prior to applying for this program, if they are a new applicant or 12 months prior if they are a renewal applicant, as a human services professional in a community-based human services agency that meets the agency requirements (see below for qualifications).

INSTRUCTIONS: This form can be used by an applicant's current or former employer to provide employment information on the applicant. The applicant's **EMPLOYER** must complete and sign this form on the applicant's behalf. Once completed, the form may be returned to the employee for inclusion in their application submission. Please note that information gathered on this form is required for determining program eligibility so please ensure accurate responses. An applicant cannot be considered for an award until the completed application (which includes this form) is received by ISAC.

APPLICANT INFORMATION
APPLICANT NAME [REDACTED]

EMPLOYER INFORMATION
EMPLOYER NAME [REDACTED]
EMPLOYER ADDRESS [REDACTED]
EMPLOYER CITY/STATE/ZIP [REDACTED]
EMPLOYER AGENCY ELIGIBILITY ☐ Yes ☐ No

*Agency Eligibility Criteria: Is a community-based human services agency which has or did have a contract with, receives or received funding from, and/or is grant funded by one or more of the following State of Illinois agencies: Department of Human Services, the Department of Children and Family Services, the Department of Juvenile Justice, the Department on Aging, and the Department of Public Health, and the agency has the purpose of providing direct or indirect human services.

APPLICANT'S EMPLOYMENT INFORMATION
Employment Start Date [REDACTED]
Employment End Date [REDACTED] OR Currently Employed ☐
Job Title [REDACTED]
Full-Time Employee ☐ Yes ☐ No
Annual Salary or Annualized Hourly Income [REDACTED]

*Note: Not the hourly wage amount. Total income for the year.

3- HSPLRP Employer Verification FY26 - Final

EMPLOYER CERTIFICATION (TO BE SIGNED BY THE EMPLOYER)
By providing a signature below, I certify that (1) the information in this document is true, complete, and correct to the best of my knowledge and belief; (2) I am an authorized representative of the organization named in this document; and (3) the applicant named in this document is or was an employee of the organization named in this document.

Employer Representative Name [REDACTED]
Employer Representative Job Title [REDACTED]
Employer Representative Phone [REDACTED]
Employer Representative Email [REDACTED]

Signature [REDACTED] Date [REDACTED]

3- HSPLRP Employer Verification FY26 - Final

Employer Verification

APPLICANT INFORMATION

APPLICANT NAME

EMPLOYER INFORMATION

EMPLOYER NAME

EMPLOYER ADDRESS

EMPLOYER CITY/STATE/ZIP

EMPLOYER AGENCY ELIGIBILITY

☐

Yes

☐

No

*Agency Eligibility Criteria: is a community-based human services agencies which has or did have a contract with, receives or received funding from, and/or is grant-funded by one or more of the following State of Illinois agencies: Department of Human Services, the Department of Children and Family Services, the Department of Juvenile Justice, the Department on Aging, and the Department of Public Health, and the agency has the purpose of providing direct or indirect human services.

APPLICANT'S EMPLOYMENT INFORMATION

Employment Start Date

Employment End Date

OR Currently Employed

☐

Job Title

Full-Time Employee

☐

Yes

☐

No

Annual Salary or Annualized Hourly Income

*Note: Not the hourly wage amount. Total income for the year.

Employer Verification

EMPLOYER CERTIFICATION (TO BE SIGNED BY THE EMPLOYER)

By providing a signature below, I certify that (1) the information in this document is true, complete, and correct to the best of my knowledge and belief, (2) I am an authorized representative of the organization named in this document, and (3) the applicant named in this document is or was an employee of the organization named in this document.

Employer Representative Name

Employer Representative Job Title

Employer Representative Phone

Employer Representative Email

Signature

Date



COLLEGE PLANNING MADE EASY.

Planning for college can seem pretty overwhelming, but it's a lot easier with the right tools just a click away. And it's even better when those tools are free! Use the ISAC Student Portal to help you choose a college, learn about careers, find scholarships, simplify the financial aid process, learn how to budget your money, and much more. You can even connect with one of our ISACorps members for one-on-one help or to find a workshop in your area!

Thinking about education after high school? The 2026-27 Free Application for Federal Student Aid (FAFSA®) will be available soon.

The FAFSA is the key to getting federal and state scholarships, grants, and loans, as well as institutional aid. Some students may complete the Alternative Application for Illinois Financial Aid, which is an application for state aid only.

ISAC offers free help statewide with financial aid, college search and applications, and more! Connect with us at studentportal.isac.org/isacorps.



Dependents of Police, Fire, or
Correctional Officers (PFC)
Application

PFC

[Apply here](#)

Dependents of Police, Fire, or
Correctional Officers (PFC)
Application

PFC

[Check your status](#)

Deceased, Disabled, and
MIA/POW Veterans
Dependents Scholarship for
Public Universities and
Community Colleges

SCHOLARSHIP

[Apply here](#)

Deceased, Disabled, and
MIA/POW Veterans Dependents
Scholarship for Public
Universities and Community
Colleges

SCHOLARSHIP

[Check your status](#)

Deceased, Disabled, and
MIA/POW Veterans
Dependents Grant for School
Aged Children (Ages 10-18)

GRANT

[Apply here](#)



Human Services Professional
Loan Repayment Program

HSPLRP

[Apply here](#)



HUMAN SERVICES PROFESSIONAL LOAN REPAYMENT PROGRAM APPLICATION

Human Services Professional Loan Repayment Program

Welcome to the Human Services Professional Loan Repayment Program application.

Please read the important information here, and on our website, about the program and how to make sure your application is completed correctly before it is submitted. **Before you start this application, it's a good idea to gather the documents you will need to prevent a delay in the application process.** Refer to the Completing the Application and Required Documentation sections below for details. Your information will not be saved if you exit the application before completing and submitting it, and you will need to start over.

If you have a Student Portal profile, some of the application information will be prepopulated for you if you sign in before starting the application. If you need to create a profile, access the [Student Portal](#) and click on Login.

If you are a qualified human services professional employed by a community-based human services agency, you may be eligible for loan repayment assistance. The amount of the annual award to qualified applicants to repay your student loan debt is based on the degree you received, and you may be eligible for an additional amount if you meet certain licensing and

This is the HSPLR
Student Portal
Application!

If you are unable or prefer not to submit your documentation electronically, you may instead mail it via U.S. mail to ISAC Program Operations - Dept. D, 1755 Lake Cook Road, Deerfield, IL 60015-5209.

You must submit a current loan account statement that includes your full first and last names and address (dated within 30 days of the date of this application) showing outstanding balances for each eligible educational loan. The statement(s) must include:

- the name of the loan holder/servicer
- the name of the borrower
- the payment address of the holder/servicer
- area code/phone number of holder/servicer
- account number
- type of loan (Federal Direct, Stafford, etc.)
- monthly payment amount
- outstanding balance

Click on “Start Application”

Confidential Information

Because you will be providing confidential information about yourself while completing this application, be sure to protect your personal data by closing the browser when you are finished. In addition, do not set a bookmark for application pages.

Subscribe for updates

Get updates about the Human Services Professional Loan Repayment Program and other college-planning information by subscribing to our [Student](#) e-Messaging service.

START APPLICATION

HUMAN SERVICES PROFESSIONAL LOAN REPAYMENT PROGRAM APPLICATION



Prequalification

* Are you currently employed and have you worked for a minimum of 24 consecutive months immediately prior to this application as a human services professional in a community-based organization?

☒ Yes

☐ No

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Prequalified “Yes”
will move on with the
application...

HUMAN SERVICES PROFESSIONAL LOAN REPAYMENT PROGRAM APPLICATION



Prequalification

* Are you currently employed and have you worked for a minimum of 24 consecutive months immediately prior to this application as a human services professional in a community-based organization?

☐ Yes

☒ No

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Choosing “No”...

HUMAN SERVICES PROFESSIONAL LOAN REPAYMENT PROGRAM APPLICATION



IMPORTANT: You will not meet the eligibility criteria for this program based on your work history. Please apply for this program when you have completed the required 24 consecutive months of work immediately prior to the date of application. This application will remain online through May 2025.

...means you are not
qualified for this
program!

Resources

Toolbox

ISACorps

Program

Applications &
Status Checks

About

Terms &
Conditions

Privacy Policy

Contact ISAC

Now Playing

HUMAN SERVICES PROFESSIONAL LOAN REPAYMENT PROGRAM APPLICATION



Award Year

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

Before completing this application, be sure you have reviewed all eligibility requirements, and other information provided on our website.

Select the award year for which you are applying

- Select -



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Choose a year from
the drop down!

Personal Information

* First Name

JOHN

Middle Initial

* Last Name

SMITH

Prior Last Name (if applicable)

* Date of Birth

06/18/1995



IMPORTANT: Please note that your Social Security number (SSN) is needed for identification, verification and processing purposes in furtherance of your request

* Citizenship (select one)



U.S. Citizen



Eligible Noncitizen



Not a U.S Citizen or Eligible Noncitizen

* State of Legal Residence (select one)

- Select -



If you update your e-mail address on your application, ISAC recommends that you also update the e-mail address on your Student Profile. While not required, it may help avoid confusion should you need to log back into the application at a later time, and it will ensure that all communication about your application is directed to the same e-mail address

* E-mail

john@isac.org

* Confirm E-mail

john@isac.org

Make a Note: The email address on this page is where notifications about the application will be sent, not the student portal email address...

* Social Security Number

999-99-9999

* Confirm Social Security Number

999-99-9999

Phone Number

(123)456-7890

* Permanent Address (line one)

1755 LAKE COOK ROAD

Permanent Address (line two)

* City

DEERFIELD

* Are you applying for more than one Loan Repayment Program for this award year? (Please note: You can only receive award funds from one Loan Repayment Program per year).

☒ Yes

☐ No

* Choose all that apply

☒ Community Behavioral Health

☐ Illinois Teachers

☒ John R. Justice Student

☐ Nurse Educator

☐ School and Municipal Social Work

☐ Veterans' Home

* Which of these loan repayment programs would you prefer to receive funding from, if awarded (choose only one)

☒ Community Behavioral Health

☐ Illinois Teachers

☐ John R. Justice Student

☐ Nurse Educator

☐ School and Municipal Social Work

You can apply for more than one loan forgiveness program.

What is your gender?

- ☐ Female
- ☒ Male
- ☐ Prefer not to answer/not listed

Which of the following describes your race or ethnicity? (Mark all that Apply)

- ☐ American Indian/ Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☒ Hispanic/Latino
- ☐ Native Hawaiian or another Pacific Islander
- ☐ White
- ☐ Middle Eastern or North African
- ☐ Prefer not to answer
- ☐ Some other race and/or ethnicity

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Employment and Credential Information

To qualify for this program, you must be currently employed and have been a full-time employee for at least 24 consecutive months as a human services professional (or an additional 12 months at the same facility if you are a renewal applicant) and the community-based human services agency at which you are employed has or did have a contract with, receives or did receive funding from, and/or is or was grant-funded by one of these State of Illinois agencies (Department of Human Services, Department of Children and Family Services, Department of Juvenile Justice, Department on Aging and Department of Public Health) at the time of application. List all qualifying employers (up to 3) during the last 24 months

* Are you a new or renewal applicant? Note: To be considered a renewal applicant you would have been awarded and received funding in the prior award year.

☒ New

☐ Renewal

Section 1: Licensure, Certification and Educational Degrees

Please select your eligible Licensure, Certification or Educational Degree for your human services profession from the list below. You may select as many options as apply to you, but you will need to provide documents verifying each license, certification or educational credential that you select in this section.

Eligible Educational Degrees

* Please indicated your highest degree level

☐ Master's Degree or higher

☐ Bachelor's Degree

☐ Associate Degree

Upload your highest degree.
Official/unofficial transcripts or a diploma with field of study are accepted.

Section 2: Community-Based Human Services Facility Information

* Did you work in more than one community-based human services agency in the past 24 months?

☒ Yes

☐ No

Section 3: Employer Information

Enter your employer's information below. You can list up to 3 employers

Employer 1



* Currently Employed

☐ Yes ☐ No

Employer (Agency/Facility) Information

Please provide the name and address of your agency, your job title, full-time status, and your annual salary or *annualized hourly income information

* Facility Name

* Facility ZIP Code

* Facility Address Line 1 (House Number + Street)

* Job Title

Address Line 2 (e.g. Apartment Unit Number)

* Annual Salary

* Facility City

* Full-Time Employee

☐ Yes ☐ No

* Facility State

* Dates of Employment

FROM:

MM/DD/YYYY



TO:

MM/DD/YYYY



Employer Contact Information

We may need to verify employment information for you. Please include the name, address, email address and telephone number of the appropriate person at your agency who will be completing your Employer Verification form.

* Employer Contact Name

* Employer Contact Phone

If you are a New Applicant add your employer's information

Section 2: Community-Based Human Services Facility Information

* Did you work in more than one community-based human services agency in the past 12 months? Note: A renewal applicant: 1) received funds in the prior award year (July 1, 2024 – June 30, 2025), 2) Is still employed at one of the same facilities named in the prior award year at the time of this application.

☐ Yes

☒ No

Section 3: Employer Information

Enter your employer's information below. You can list up to 1 employer

Employer 1

* Currently Employed

☒ Yes ☐ No

Employer (Agency/Facility) Information

Please provide the name and address of your agency, your job title, full-time status, and your annual salary or *annualized hourly income information

* Facility Name

ISAC

* Facility ZIP Code

60015

* Facility Address Line 1 (House Number + Street)

1755 LAKE COOK ROAD

* Job Title

SOCIAL WORKER

Address Line 2 (e.g. Apartment Unit Number)

* Annual Salary

40000

* Facility City

DEERFIELD

* Full-Time Employee

☒ Yes ☐ No

* Facility State

IL

* Dates of Employment

FROM:

07/08/2024

TO:

MM/DD/YYYY

Employer Contact Information

We may need to verify employment information for you. Please include the name, address, email address and telephone number of the appropriate person at your agency who will be completing your Employer Verification form.

* Employer Contact Name

* Employer Contact Phone

Provide the name and address of your agency, your job title, full-time status, and your annual salary

***Dates of Employment**

FROM:

07/08/2024



TO:

MM/DD/YYYY



Employer Contact Information

We may need to verify employment information for you. Please include the name, address, email address and telephone number of the appropriate person at your agency who will be completing your Employer Verification form.

*** Employer Contact Name**

*** Employer Contact Phone**

(123)456-7890

*** Employer Contact Email**

me@isac.org

*** Employer Address**

1755 LAKE COOK ROAD

***Employer Verification Form Upload Section**

Your employer will need to verify your employment information, including your occupation, length of time worked and details about your organization. Please upload a completed, signed copy of the form found on our website for this process. Note: for each employer you list, you will need to upload an individual form.

Choose File No file chosen

pass.jpg

5.8 KB



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Upload the completed
Employment
Verification Form

HUMAN SERVICES PROFESSIONAL LOAN REPAYMENT PROGRAM APPLICATION



Lender/Loan Information

You must submit a current loan account statement, we advise requesting a printable summary from your lender (see example provided on our website) that includes the lender's information (see below for details) and logo, your full first and last legal names and your current address. The statement must be dated within 30 days of the date of your application submission. The statement must show your total (including interest accrual) outstanding balances for each eligible educational loan. The statement must also include:

- Name of the loan holder/servicer
- Payment address of holder/servicer
- Full telephone number (including area code) of the holder/servicer
- Your loan account number
- Type of loan (Federal Direct, Stafford, Private, etc.)
- Your monthly payment amount

Applicants can submit up to three loans...

Please provide your lender information below and upload a current statement (within the last 30 days) for each lender (this is required to complete your application).

If you have multiple loan servicers, please list them in the order of priority you'd like to be paid (first paid to last paid)

* How many loan servicers do you owe?

▼
1
2
3



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* Name on Loan

JOHN SMITH

Lender's Telephone

(847)821-8496

* Lender Name

Not Listed — (999999)

* Account Number

12345678910

* Enter Lender Name

LENDER

* Monthly Payment in \$

800.00

* Loan Type

Stafford Loan

* Outstanding Balance in \$

80000.00

* Lender's Address (line one)

1755 LAKE COOK ROAD

Lender's Address (line two)

* Lender's City

DEERFIELD

* Lender's State

IL

* Lender's ZIP Code

60015

Lender/Loan Documentation Upload Section

* Please upload documentation that verifies your loan information. We encourage you to add all your lenders (private loans as well as loans that appear on your National Student Loan Data System account). This will ensure we have all the information we need to effectively assist you in paying down your loan funds.

Choose Files No file chosen

If you need help to locate your Loan(s), please click on the link [Who's My Student Loan Servicer?](#) | [Federal Student Aid](#)

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Standard loan providers will auto-populate the address and contact information!



Application Review

FISCAL YEAR [Edit](#)

Fiscal Year for which you are applying 2025 - 2026

PERSONAL INFORMATION [Edit](#)

First Name JOHN

Middle Initial

Last Name SMITH

Prior Last Name (if applicable)

Date of Birth 03/04/1999

Social Security Number 111-22-3344

Phone Number (123)456-7890

Permanent Address (line one) 1755 LAKE COOK ROAD

Permanent Address (line two)

City DEERFIELD

State IL

ZIP Code 60015

Citizenship U.S. Citizen

State of Legal Residence IL

E-mail

Are you applying for more than one Loan Repayment Program for this award year? Yes

Applicable Loan Repayment Programs Illinois Teachers Loan Repayment Program,Nurse Educator Loan Repayment Program

Which of these loan repayment programs would you prefer to receive funding from, if awarded Community Behavioral Health Professional Loan Repayment Program

Gender Prefer not to answer/not listed

Ethnic Background Prefer not to answer

EMPLOYMENT AND CREDENTIAL INFORMATION [Edit](#)

Are you a new or renewal applicant? New

Please indicated your highest degree level Master's Degree or higher

On what date did you receive this degree 11/13/1998

Education Upload Section :

Opportunity to make
edits to your
application.

has or did have a contract with, receives funding from, or is grant-funded by one or more of these Illinois state agencies (Department of Human Services, Department of Children and Family Services, Department of Juvenile Justice, Department on Aging, Department of Public Health) for at least 24 consecutive months prior to submitting this application for new applicants, and additional 12 months for renewal applicants;

- that I do not owe a refund on a federal or state grant and that I am not in default on any federal student loan or, if in default, I understand that I must establish satisfactory repayment arrangements;
 - that if I receive the Human Services Professional Loan Repayment award, I will continue my full-time employment, fulfilling my separate (second) 12-month period as a human services professional in the same eligible community-based human services agency for each year I receive repayment assistance; and
 - I will respond to information requests from the award provider and administrators regarding such employment;
- that to the best of my knowledge, all of the information and certifications I have provided in this application and in the required documentation are true, accurate and complete.

And, I hereby give my consent to the employer(s) indicated on the application to release and share information concerning my employment status and my annual salary or annualized hourly pay for the Human Services Professional Loan Repayment Program. I also authorize my loan holder/servicer to provide the loan information requested by the Illinois Student Assistance Commission for this application.

I, the undersigned, complete this application and make the foregoing certifications with the understanding that any person who, by means of any false statement, willful misrepresentation, or through other fraudulent device obtains or attempts to obtain or aids or abets any person in obtaining student aid from the Illinois Student Assistance Commission to which the person is not entitled, will be guilty of a Class B misdemeanor and the award obtained by such means will be recoverable in a civil action (110 ILCS 947/120).

- ☒ The check in this box will serve as my signature and my full consent to the information listed above.



SUBMIT APPLICATION

Click Submit
Application

- that I have been employed as a human services professional in a community-based human services agency, that has or did have a contract with, receives funding from, or is grant-funded by one or more of these Illinois State agencies (Department of Human Services, Department of Children and Family Services, Department of Juvenile Justice, Department on Aging, Department of Public Health) for at least 24 consecutive months prior to submitting this application for new applicants, and additional 12 months for renewal applicants;
- that I do not owe a refund on a federal or state grant and that I am not in default on any federal student loan or, if in default, I understand that I must establish satisfactory repayment arrangements;
 - that if I receive the Human Services Professional Loan Repayment award, I will continue my full-time employment, fulfilling my separate (second) 12-month period as a human services professional in the same eligible community-based human services agency for each year I receive repayment assistance; and
 - I will respond to information requests from the award provider and administrators regarding such employment;
- that to the best of my knowledge, all of the information and certifications I have provided in this application and in the required documentation are true, accurate and complete.

And, I hereby give my consent to the employer(s) indicated on the application to release and share information concerning my employment status and my annual salary or annualized hourly pay for the Human Services Professional Loan Repayment Program. I also authorize my loan holder/servicer to provide the loan information requested by the Illinois Student Assistance Commission for this application.

I, the undersigned, complete this application and make the foregoing certifications with the understanding that any person who, by means of any false statement, willful misrepresentation, or through other fraudulent device obtains or attempts to obtain or aids or abets any person in obtaining student aid from the Illinois Student Assistance Commission to which the person is not entitled, will be guilty of a Class B misdemeanor and the award obtained by such means will be recoverable in a civil action (110 ILCS 947/120).

Application submitting. Please do not refresh the page or click back.



Shows a loading bar...
Don't close the page
until the loading bar
goes away!



HUMAN SERVICES PROFESSIONAL LOAN REPAYMENT PROGRAM APPLICATION



Your Application has been Submitted!

The HSPLRP App has
been completed.

In about 12 weeks - after your application is processed and verified - we will send a letter to let you know your eligibility status. The letter will have instruction telling you what to do next.

Click - [VIEW SUBMITTED APPLICATION](#) - to retain a copy of your application.

Confidential Information

Because you have provided confidential information about yourself while completing this application, be sure to protect your personal data by closing the browser when you are finished. In addition, do not set a bookmark for application pages.

Human Services Professional Loan Repayment Program - Application Successfully Submitted



Illinois Student Assistance Commission <no-reply@illinois.gov>
To

Reply

Reply All

Forward

Congratulations JOHN SMITH,

This email confirms that your 2025-26 application for the Human Services Professional Loan Repayment Program, administered by the Illinois Student Assistance Commission (ISAC), was successfully submitted.

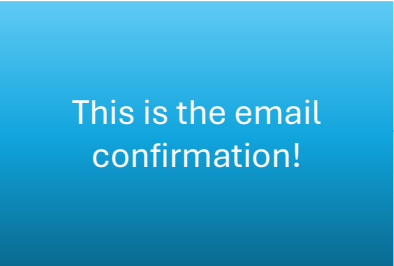
Application Receipt Date: 10/2/2025

Important Information - Next Steps

- Please allow 12 weeks for the processing of your application.
- Your application is considered complete and ready for consideration when all the needed information has been received by ISAC, including any supplementary materials like academic transcripts, employer verification forms, licensure and loan documents. If materials are missing, ISAC will notify you, and processing will pause until they are submitted. Please send these materials in promptly after receiving an incomplete letter to ensure timely consideration for an award.
- If you need to make corrections to the information you submitted on your application, follow the instructions provided in the [Changes to Application](#) section of the Human Services Professional Loan Repayment Program page at [isac.org](#).
- Future correspondence from ISAC will provide information regarding your eligibility status and how the loan repayment process will be completed.

If you have questions about this program and/or the application process, visit us at [isac.org](#), call an ISAC Student Engagement Representative at 800.899.ISAC (4722) or send an email message to [isac.studentservices@illinois.gov](#).

Program Operations
Program Services and Compliance Division



Awarding



Awarding Information

- Awarding preference is given first to renewal applicants, then based on need and income level and order in which they were received.
- Awards are **sent directly to the lender/servicer**
- Expect a **minimum 12 weeks** after you are approved for funds to be disbursed.

Awarding

- Applicants are placed into three main groups during processing:
 - **Eligible for an award (Application and Certification Received)**
 - Qualified new and renewal applicants
 - Placed into a holding pool for awarding based on prioritization
 - **Ineligible for an award (Application and Certification Received)**
 - Receive a letter stating ineligibility reasons
 - Provided information on the appeals process
 - **Incomplete (Missing Information)**
 - Applicant's application is missing information (often an employer certification)
 - Receive a letter stating incomplete reasons and what needs to be provided to make the application complete

Top Ineligible Reasons

- **Applicant has not worked for 24 consecutive months prior to application in an approved facility**
- **The applicant's employment ended**
- **The applicant's facility is not eligible**
- **The applicant does not have an outstanding balance due on an eligible education loan**

Awarding: Prioritization

- If there are sufficient funds to award all eligible applicants, then they all receive funding
- When there are more applicants than funds, eligible applicants are prioritized by:
 - **Renewal Status**
 - Renewal applicants prioritized
 - **Application Timely/Untimely**
 - Timely applicants prioritized
 - **Need (Student Loan Debt Burden)**
 - Total student debt / annual gross salary
 - *Hourly rates annualized*
- This is why we ask employers to verify salary

Frequently Asked Questions



FAQs

Can I apply for both the Human Services LRP AND the Community Behavioral Health Care Professional LRP at the same time?

You can apply for both, but you are only able to receive one award from ISAC. If you are eligible for both, review the program information, eligibility and award information carefully to determine which is the best fit for you. ISAC encourages you to apply for the ONE program you believe is the best fit for you to minimize delays in processing.

Can I apply to this program if my loans are in deferment or forbearance?

Yes, if you meet all other eligibility requirements, and have student loan balances left, you could still be eligible even if your loans are currently in deferment or forbearance.

FAQs - Applying

Can I submit my application now if I have not met the full 24 months of employment?

There is a screening question that will ask you to wait for the 24-months if you have not met this requirement. If you do still apply, you will not meet the work requirement. ISAC recommends that you apply on the date or after you will meet the 24-month work requirement.

I am on-track to complete my Master's degree in a few months. Can I list that degree now, or do I need to wait until I have graduated?

You can only include degrees, licenses or certifications on the application that you currently hold on the application, not those you anticipate earning.

FAQs – Program Information

Does my **job title/role within the human services agency matter for this program?**

Eligibility requirements for this program are based on work experience in a human services agency and educational credentials. The broad language of the statute does not list a specific job role, job title or job function.

Am I eligible for this program if I had a short work gap between two agencies?

Yes, you may still be eligible long as you remain employed full-time at approved agencies for the full 24-month period. ISAC extends up to a 30-day grace period between jobs to account for transition time.

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FAQs – Student Loans and Servicers

Will you send me the payment so that I make payments to my servicer?

No, ISAC will send a lump-sum payment equal to the maximum award or the amount you owe on your award (if less than the maximum) directly to your servicer.

Questions / Comments



Thank you for attending today!

HUMAN SERVICES PROFESSIONAL LOAN REPAYMENT PROGRAM

For detailed rules about this program,
and other scholarships and grants
visit our website **ISAC.ORG**

Student Engagement and Support Services

Email: isac.studentservices@illinois.gov

Phone: **800-899-4722**