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Contact Information

| Agency Name | Illinois Student Assistance Commission |
|--------------------------|--|
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| | |
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| Agency Website Address | http://www.isac.org |

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| General Questions | Yes | No | N/A |
|--|---------|---------|---------|
| Does your agency review or approve budgets of public institutions? | \circ | \circ | \circ |
| Is it involved in setting tuition in public institutions? | \circ | \circ | \circ |
| Does it approve programs offered by public institutions? | \circ | \circ | \circ |
| Does it approve programs offered by private institutions? | \circ | \circ | \circ |
| Does your agency certify or license postsecondary institutions? | \circ | \circ | \circ |
| Is it responsible for the administration of a college savings plan? | \circ | \circ | \circ |
| Does it administer a state prepaid tuition plan? | \circ | \circ | \circ |
| Does your agency administer a pre-college/early intervention outreach program? | \circ | \circ | 0 |
| Centralized I | Decer | ntrali | ized |
| grant program), would you consider your state to be centralized or decentralized for purposes of awarding student financial aid? | | 0 | |
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Federal Programs

| reuciai Programs | |
|---|------------------------------------|
| Which other federal programs does the agency admini | ster? (Please check all that apply |
| Chafee Educational and Training Vouchers (ETV) | \$ |
| Chafee Foster Care Independence Program (CFCIP) | \$ |
| College Access Challenge Grant (CACG) | \$ |
| ☐ DC TAG | \$ |
| ☐ John R Justice Loan Repayment | \$ |
| ☐ Health Professional Loan Repayment | \$ |
| Other | \$ |
| Total | \$ |
| | |

Private Programs

Does the agency administer any privately funded programs? $_{\rm Yes} \ \bigcirc \quad _{\rm No} \ \bigcirc$

Please list them by type of program and amount awarded

| | Program Name | Program Type | Amount awarded in 2022-2023 |
|-----|--------------|--------------|-----------------------------|
| 1. | | ~ | \$ |
| 2. | | ~ | \$ |
| 3. | | ~ | \$ |
| 4. | | ~ | \$ |
| 5. | | ~ | \$ |
| 6. | | ~ | \$ |
| 7. | | ~ | \$ |
| 8. | | ~ | \$ |
| 9. | | ~ | \$ |
| 10. | | ~ | \$ |
| | | Total | \$ |

Agency Leadership

| Is the agency's executive director appointed by: (Check all tha | t apply) |
|---|----------|
| ☐ The governor | |
| ☐ The legislature | |
| A board or commission | |
| Other: | |
| | |
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| | | Yes | No | N/ |
|--|-------------------------------|----------|---------|----|
| 1. Is this program new | this year? | 0 | 0 | 0 |
| 2. Did you report inform | ation for this program last | year? | \circ | 0 |
| 3. Is this program autho | orized, but not funded? | 0 | \circ | 0 |
| 4. Has this program bee | n discontinued? ? | \circ | \circ | 0 |
| | | | | |
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| | | | | |
| | | | | |
| | * | | | |
| 5. What type of | | program? | | |
| | or Scholarship | programm | | |
| ○ Loan | • | | | |
| 0 | -Study | | | |
| O Tuitio | n waiver (funded or unfunded) | ? | | |
| | assumption or forgiveness ? | | | |
| ○ Cond | itional grant or loan ? | | | |
| Othe | - | | | |
| | | | | |
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| | | | | |
| | * | | | |
| 6. Administering Age | ncy for this program | | | |
| Reporting Agency | | | | |
| Co-Administered | | | | |
| Other Agency | | | | |
| If Co-administered or | | | | |
| adminstered by another agency, please provide | the | | | ٦ |
| name of the other agen | СУ | | | |
| Contact Person | | | | |

| 7. Who determines student eligibility requirements? |
|---|
| ☐ State |
| Campus |
| Other |
| |
| 8. Who selects the recipients? |
| ☐ State |
| Campus |
| Other |
| |
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| |
| |
| * |
| 9. Are students EXCLUDED from eligibility for any of the following reasons? (Please add in other other reasons for exclusion and check all that apply) |
| ☐ No exclusions |
| ☐ Age |
| No high school diploma or its equivalent |
| ☐ Non-residents |
| Students in short vocational programs (non Title IV eligible) |
| ☐ Incarcerated students |
| Other |
| |
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| 10. Which of the f | ollowing students are eligible? (Check all that apply) |
|---|--|
| ☐ Stude | nts who are state residents attending institutions in your state |
| ☐ Stude | nts who are residents of other states, who attend in your state |
| ☐ Stude | nts who are state residents attending an institution in another state |
| | nts enrolled exclusively in distance education s provided by institutions in the state |
| | nts who are state residents enrolled exclusively in distance education s provided by institutions outside the state |
| 11. Are all eligible | students funded? |
| 12. Which of the f program? (Check a | ollowing types of student may be eligible for an award under this |
| | Undergraduate, full-time |
| | Undergraduate, at least half-time |
| | Undergraduate, less than half-time |
| | ☐ Graduate, full-time |
| | Graduate, at least half-time |
| | Graduate, less than half-time |
| | << Back Forward & Save >> |

Standard for award (Check all that apply)

| 13. Need for this p | d (indicate which choice provides the closest description of how need is defined rogram) |
|---------------------|--|
| \circ | Expected Family Contribution |
| \circ | Need (cost-EFC) |
| \circ | Maximum income/income based |
| 0 | N/A |
| 14. Meri | t (Check all that apply) |
| | Test score |
| | Performance ? |
| | Class Rank |
| | Grades |
| | Minimum grade 💙 |
| 15. Spec | cial purpose of award (A purpose other than general student assistance. Check pply) |
| | Tuition Equalization ? |
| | Workforce development ? |
| | Retraining ? |
| | Post-service ? |
| | Parent or spouse service ? |
| | Disability ? |
| | Send students to other states for specialized programs not available in state |
| | Other |

Total Program Expenditures

| | 2021-2022 | 2022-2023 | | | |
|---|-----------------|-----------|--|--|--|
| 16. Total \$ disbursed | \$0 | | | | |
| 17. Unduplicated headcount of recipients | 0 | | | | |
| 18. Maximum award ? | 0 | | | | |
| 19. Minimum award 🕐 | 0 | | | | |
| << Back For | rward & Save >> | | | | |
| | * | | | | |
| 20. Program expenditures by source of funds (Include matching funds. Check all that apply) | | | | | |
| General fund | \$ | | | | |
| Lottery | \$ | | | | |
| ☐ Special tax | \$ | | | | |
| Student fees/tuition | \$ | | | | |
| ☐ Matching Funds | \$ | | | | |
| Do not put Federal sources in the 'Other' boxes below unless the money is commingled and you are unable to separate it from state funds. Federally funded programs should go in Part 1. | | | | | |
| Other | \$ | | | | |
| Other | \$ | | | | |
| Total | \$ | | | | |
| | | | | | |

21. Program expenditures and number of recipients by type of institution

| Institution Type | Dollars Awarded | # of Recipients |
|------------------------|-----------------|-----------------|
| Public | | |
| < 2 year in-state | | |
| 2 year in-state | | |
| 4 year in-state | | |
| Out-of-state | | |
| Private not-for-profit | | |
| < 2 year in-state | | |
| 2 year in-state | | |
| 4 year in-state | | |
| Out-of-state | | |
| Proprietary | | |
| < 2 year in-state | | |
| 2 year in-state | | |
| 4 year in-state | | |
| Out-of-state | | |
| | | |
| Grand Total | | |

22. Program expenditures and number of recipients by enrollment status

| | Undergraduate | | Graduate | |
|---------------------------|-----------------|-----------------|-----------------|-----------------|
| | Dollars Awarded | # of Recipients | Dollars Awarded | # of Recipients |
| Full-time | | | | |
| At least half-time | | | | |
| Less than half-time | | | | |
| Totals | | | | |
| | | | | |
| Full-time, Full year * | | | | |

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23. Program expenditures and recipients by income and dependency status - Part 1 Income distribution should be based on adjusted gross income plus nontaxable income.

Dependent Recipients

| | Dollars Awarded | Number of Recipients | | |
|--|--------------------|-------------------------|--|--|
| \$0 - 19,999 | \$ | | | |
| \$20,000 - 39,999 | \$ | | | |
| \$40,000 - 49,999 | \$ | | | |
| \$50,000 - 59,999 | \$ | | | |
| \$60,000 - 79,999 | \$ | | | |
| \$80,000 - 99,999 | \$ | | | |
| Over \$100,000 | \$ | | | |
| Totals | \$ | | | |
| Median Income of Dependent Recipients \$ | | | | |

^{*} Many states make awards on a full-time basis assuming full-time, full-year enrollment. This question asks "Regardless of how their awards were determined, how many of the recipients on the "Totals" line above were actual full-time, full-year recipients, meaning students who were actually enrolled full-time for a full year, and how much of the money awarded above went to these full-time, full-year recipients?

24. Program expenditures and recipients by income and dependency status- Part 2 Note: Income categories are not the same as for dependent recipients

Independent Recipients

| | Dollars Awarded | Number of Recipients | | |
|--|--------------------|-------------------------|--|--|
| \$0 - 2,999 | \$ | | | |
| \$3,000 - 5,999 | \$ | | | |
| \$6,000 - 9,999 | \$ | | | |
| \$10,000 - 14,999 | \$ | | | |
| \$15,000 - 19,999 | \$ | | | |
| \$20,000 - 29,999 | \$ | | | |
| \$30,000 - 39,999 | \$ | | | |
| \$40,000 - 49,999 | \$ | | | |
| Over \$50,000 | \$ | | | |
| Totals | \$ | | | |
| Median Income of Independent Recipients \$ | | | | |

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|-----------------|---|------|----|
|-----------------|---|------|----|

*

| 25. Comments on the program | | | | | |
|-----------------------------|--|--|--|--|--|
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| | | | | | |
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| | | | | | |

| | If the primary state-funded, need-based program ? n does not appear in this list you must add it in part 2 of the survey. | |
|--------------|---|---|
| | need analysis system does your agency use to determine or primary need based program? | |
| 0 | Federal Methodology (FM) | |
| 0 | FM with some modifications * | |
| 0 | Special state system * | |
| 0 | Institutional option * | |
| 0 | Other * | |
| data element | cribe any special state method for determining need focusing on ts that may supplement those collected through the FAFSA. will ask for a narrative desciption of how eligibility is determined. | |
| | | |
| | | |
| | | |
| | | |
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| 28. What resources are counted when determining expected family contribution? |
|--|
| Family resources (parent and student contribution) |
| Parent resources only |
| Student resources only |
| Other |
| 29. In determining student eligibility for your primary need-based grant program do you: |
| Exclude the asset value of state college savings plans? (check if yes) |
| Exclude the asset value of state prepaid tuition plans? (check if yes) |
| 30. Do you provide any special treatment for federal tuition tax credits? |
| 31. In your primary need based program, can aid be used to defray: |
| Cost of attendance |
| Only approved tuition and fees |
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| 32. Ir | | ward for your primary need based program do you: |
|---------|--------------------|--|
| \circ | Recognize the st | tudent's current cost of attendance? |
| \circ | Impose limits or | the amount of costs that are recognized by the program? |
| | | |
| | _ | e as the starting budget in your primary need based program? |
| С | urrent year's act | ual cost of attendance |
| | 0 | using no budget caps |
| | 0 | with budget caps |
| | 0 | N/A |
| P | revious year's ac | tual cost of attendance |
| | 0 | using no budget caps |
| | 0 | with budget caps |
| | 0 | N/A |
| С | urrent year's tuit | tion and fees |
| | \circ | using no budget caps |
| | \circ | with budget caps |
| | 0 | N/A |
| P | revious year's tu | ition and fees |
| | 0 | using no budget caps |
| | 0 | with budget caps |
| | 0 | N/A |
| 0 | ther | |
| | | |
| | | << Back Forward & Save >> |

General Definition of Enrollment

| 34. In general and for mos full-time enrollment for un | t (if not all) of your programs, how does your agency define dergraduates? |
|---|---|
| 0 | 15 semester credit hours or its equivalent |
| 0 | 12 semester credit hours or its equivalent |
| 0 | Other |
| | different definition of full-time enrollment for graduate for which graduate students are eligible? |
| | ~ |
| If yes, what is the definition: | |
| 36. What were the conside need-based grant program | rations in setting the maximum award for your primary ? |
| | |
| | << Back Forward & Save >> |

| 37. Special annual topic: No special question this year! |
|---|
| 38. To help people understand how your primary program works, please provide a narrative description of how eligibility and awards were calculated and determined in your primary program for 2022-2023 The answer provided last year is shown below. (If it is still accurate you can copy and paste it into the box and save some typing.) |
| |
| <u>A</u> |
| 39. Please provide a narrative overview of how higher education governance and financial aid provision is structured in your state and how your agency fits into this picture. The answer provided last year is shown below. (If it is still accurate you can copy and paste it into the box and save some typing.) |
| |
| 40. In addition to any comments you made in the individual programs, is there any information you would like to share that might be helpful in interpreting the data you have reported on this survey? |
| |
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