



**Special Nursing Career Scholarship Program
Acknowledgement/ Work Commitment Form
ADVANCED PRACTICE PROGRAM**

In consideration for receiving a nursing scholarship from Inova Health System for attendance at an approved and accredited nursing program:

I, _____ agree to work in a budgeted, Inova tuition assistance-eligible position concurrently while completing my degree. As part of the scholarship program, I understand that I must complete my advanced degree program within a consecutive five-year period.

I understand that these scholarship monies are to supplement my benefit of Inova tuition assistance. I must use all tuition assistance available to me annually prior to accessing the scholarship funds. I will submit a copy of tuition assistance each year that I use the scholarship funds to the Edelman Career Center.

I understand that the Advanced Practice program includes programs such as the following, RN-BSN, Master’s, and Ph.D. programs.

I understand that the compensation rate shall be consistent with position’s existing salary range.

I agree to satisfactorily complete the program within the expected timeline set by the college or university and within the five-year period set by Inova. I agree to submit evidence of maintaining a 3.0 GPA each grading period. Failure to complete the program of study or failure to maintain a 3.0 GPA will result in forfeiture of the scholarship with immediate reimbursement of any and all scholarship monies received.

I agree to respond to inquiries regarding academic progress including submission of official transcripts covering academic work since the scholarship award was made.

I agree to continue my employment at Inova in a budgeted, tuition assistance-eligible status for the duration of the use of scholarship funds.

If I do not fulfill my commitment to be employed, am involuntarily terminated, or do not complete the program, I will repay to Inova the scholarship monies in full.

I understand that the Inova will keep a copy of my scholastic records in the Human Resources Department and that such information may be made available to individuals involved in the scholarship determination process.

I agree to participate in any scholarship functions and or awards/ceremonies that may be requested.

I understand that the IRS has ruled that scholarship or fellowship grants are taxable to the recipient because they are paid for teaching, research, or other services as a condition for receiving the grant and are considered wages and must be reported on Form W-2.

I fully understand that I must satisfactorily meet all conditions for employment with Inova at the time I am ready to be employed as a registered nurse, including a background check and drug screen. I fully understand that nothing in this agreement creates an expressed or implied contract of employment. I further understand that I am employed at will, that both Inova Health System and I are free to terminate the employment relationship at our discretion, and that no supervisor or other hospital representative is authorized to alter this relationship.

Applicant’s Signature

Date

Notary Signature

Date