



Special Nursing Career Scholarship Program Undergraduate Acknowledgement/ Work Commitment Form

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

I, _____ agree to work a minimum of two (2) years within four months after graduation as a registered nurse for Inova in a full-time staff nurse position.

I understand that the compensation rate, which shall be consistent with position’s existing salary range, will be determined at the time employment begins.

I agree to satisfactorily complete the program within the expected timeline set by the college or university for full-time students. 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 begin my employment at Inova no later than four months following graduation.

I agree to take the licensure exam at the first available date after graduation. Failure to pass the exam will initiate an immediate review of continued employment status and repayment status to Inova Health System for scholarship monies awarded.

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 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