

**Nursing Excellence Scholarship Program
New Graduate Loan Repayment Scholarship Acknowledgement/ Work Commitment Form**

I, _____ agree to work a minimum of two (2) years as a full time staff registered nurse at Inova. My commitment begins on the date I receive the scholarship loan repayment.

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. 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