

Nursing Excellence Scholarship Employee Acknowledgement Form

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 for the duration of the use of scholarship funds.

I understand that these scholarship monies are to supplement my benefit of Inova tuition reimbursement and that I must exhaust all my Inova tuition monies before accessing my scholarship. I will begin using my scholarship money within 12 months of being awarded the scholarship. I understand the scholarship can not be applied to courses taken prior to being awarded the scholarship.

I understand that the scholarship program includes accredited BSN, MSN, DNP and PhD nursing degree programs only. I understand the scholarship is awarded for a specific degree program and may not be used for a different program.

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

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.

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.

The required service after payment of educational assistance is one year in a benefit eligible status. If I am terminated or resign, or change to an ineligible status (less than 20 hours per period) less than one year after payment, I must repay Inova the pro-rated amount based on time worked after completion of the program.

If I am subject to repayment pursuant to the above terms, by my signature below, I hereby expressly authorize Inova to deduct any such repayment amount from my regularly scheduled paycheck(s), until the balance due is satisfied. If any balance remains due after payroll deduction, I agree to pay the remaining balance due in a lump sum via a certified check to Inova.

Applicant's Signature

Employee ID Number

Date