

### **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 the scholarship program includes accredited ADN, 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