



Nursing/Allied Health Scholarship Guidelines, Rules and Regulations

The Board of Directors has established a service area of the district scholarship program to increase the educational opportunities available to students who will practice their profession in an area of the hospital district approved by the Board of Directors. The following guidelines will apply in awarding of scholarships:

1. The applicant must be a United States citizen and resident of the service area of the district (Randolph, Washington, St. Clair or Perry Counties).
2. The applicant must be admitted in the study of Nursing/Allied Health profession at an accredited school.
3. The guidelines, rules and regulations shall be available prior to the selection process.
4. Limitations on scholarships, amounts, and numbers shall be as follows:
 - a. One new scholarship per year valued at \$1000.00 per semester but not to exceed more than \$3,000.00 for one-year from date of enrollment.
 - b. No recipient may receive more than \$6,000.00 total scholarship monies.
 - c. The hospital budget for the Nursing/Allied Health scholarship shall not exceed a total of \$6,000/fiscal year.
 - d. The district shall employ the recipient full time for a period up to three years (6 months for every \$1,000.00) following completion of program as consideration for the full scholarship awarded. Leave of absence other than FMLA or medical leave shall not apply towards full-time work commitment.
 - e. Payment of the scholarship shall be made directly to the educational institution.
5. The scholarship shall be approved by the Finance Committee of the Governing Board of Directors and the Chairman of the Board of Directors shall sign the contract along with the applicant.
6. Upon completion of training, the recipient shall practice their profession for the district according to terms of the contract. Failure to comply fully with the terms of the contract shall subject the recipient to repayment of the Scholarship, plus interest at rate of 9% annual. Repayment shall be completed within three (3) months of recipient's failure to comply with contract.
7. The Board of Directors may amend or terminate the scholarship program at any time which would take affect the next academic semester. Recipients will be formally notified in writing at least thirty-days (30) prior to amendment or termination.
8. Recipient is responsible to submit grade report to administration within 30 days from semester end date.



Nursing/Allied Health Scholarship Contract

This contract is between Sparta Community Hospital District (Hospital District) located at 818 E. Broadway, Sparta, IL 62286 and _____, whose current mailing address is _____ (Hereafter referred to as recipient).

The Board of Directors of the Sparta Community Hospital District have agreed to establish a Nursing and Allied Health Scholarship program for the purpose of increasing the educational opportunities for nursing students who will become employed for the Hospital District on a full-time basis. The scholarship will be limited to individuals who are admitted or engaged in the study of nursing/allied health at an accredited school and who contract to be employed by the Hospital District. Each scholarship shall be awarded for the purpose of defraying the cost of tuition, books, and fees of education. Tuition, fees and/or book payments made on behalf of recipient will be made directly to college or university when possible. Any payments made directly to recipient will be paid only after Administrative approval and only upon submission of a receipt and grade report.

In consideration for the sum of one thousand dollars (\$1,000.00) per academic session (\$3,000.00 per year) for a period of two (2) years and not to exceed a maximum of six thousand dollars (\$6,000.00) to be paid by the Hospital District, the recipient agrees to the following:

- A. The recipient shall engage in the practice of nursing/allied health by the Hospital District. For each one thousand (\$1,000.00) dollars of scholarship monies received from the Hospital District, the recipient shall be obligated to practice full-time nursing/allied health for a period of six (6) months, not to exceed thirty-six (36) months of full-time work as consideration for the nursing/allied health scholarship awarded.

Upon completion of obligated employment, no monies shall be due from recipient to the Hospital District.

EXAMPLE: \$2,000.00 scholarship monies= 12 months of full-time employment

Upon becoming employed by the District, the recipient will be paid the prevailing usual and customary rate for the position hired.

Recipient shall submit renewal application form annually along with a grade report or letter of standing from academic institution.

- B. Applications will be accepted from employees and non-employees. If a non-employee applies and is awarded the scholarship, the recipient will work at the Hospital District while obtaining their education if a position is available (employment can be on a per diem basis while attending school).
- C. Recipient must disclose any Pell Grant or other Grant monies received while receiving scholarship monies from Hospital District.

If the recipient fails to comply fully with any condition as provided for by this scholarship contract or fails to pass certifications/Licensing Board examination, the recipient shall remit to the Board of



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Directors that amount of the scholarship awarded as the number of months that the recipient failed to comply with this condition bears to the number of months for which he/she was obligated. Said amount shall be computed together with interest at the rate of 9% annum and such repayment shall be completed within three (3) months.

Said amount shall be computed together with interest at rate of 9% annum; such interest shall be computed from the date recipient completes professional training and active military service, if any and fails to complete full-time commitment as defined in Section A. Such repayment shall be completed within three (3) months of the recipient's termination of employment. All monies owed shall be deducted from any final paychecks or Paid Time Off payouts. Any amounts remaining after payroll deductions, shall be repaid within three (3) months of the said termination date and shall accrue interest at the rate of 9% annum.

Should the recipient be placed on academic probation by the Nursing or Allied Health school, the recipient's scholarship shall be held in abeyance or suspended during the period of academic probation, and said scholarship shall be reinstated only upon the recipient being removed from academic probation by the Nursing or Allied Health school.

If the recipient is unable to return to a status of good standing within one (1) academic session, he/she shall be considered in default. Refer to Section (B) above.

- D. Should the recipient of this scholarship fail to become employed at Sparta Community Hospital upon completion of his/her Nursing/Allied Health training, repayment of the loan with interest at 9% rate shall begin with three (3) months after completion of Nursing/Allied Health Training. Full repayment shall be made to the Board of Directors within three (3) months.
- E. Award of Nursing/Allied Health Scholarship does not guarantee employment. If a position relating to the completed education program is unavailable at the Hospital District, the recipient will only be required to repay one-half of the scholarship award.
- F. It is required that recipient submit a copy of his/her grade report to Administration at the end of each semester or term. Failure to submit semester grades will result in delay of any future scholarship advances. If a C grade average is not maintained and/or the recipient discontinues education, he/she shall repay all sums advanced within 30 days.
- G. Should the recipient of this scholarship fail to become employed at the Hospital District upon completion of his/her nursing training, repayment of the loan with interest at 9% annum shall made within three (3) months after completion of nursing training. Full repayment shall be made to the Board of Directors within three (3) months.
- H. Leave of absence time (other than FMLA) or medical leave shall not count towards full-time work commitment agreement period.



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- I. Any obligation to comply with such scholarship contract shall be cancelled upon the death of the recipient, upon receipt of a certified copy of the death certificate by the Board of Directors or upon the permanent and total disability of the recipient.
- J. Scholarship funds will apply only to tuition expenses and fees/books not covered by reimbursement/loans from other sources; such as VA Loans, grants or scholarships.

WAIVER SUSPENSION OF OBLIGATION: The Board of Directors may arrange for waiver or suspension of any financial obligation where compliance would involve extreme or unusual hardship.

SUIT FOR DEFAULT: Upon default of payment of the scholarship as provided herein, the Board of Directors shall refer this matter over to the attorney for the District for prosecution and suit for the amount due. Should matter be referred to attorney for collection, recipient shall be responsible for cost of reasonable attorney fees associated therewith.

I have read all of the above and have been provided a copy of the contract for scholarship and agree to abide by the conditions stated in this contract.

Recipient Date

Chairman of the Board of Directors Date

STATE OF ILLINOIS)
County of Randolph) ss.

I, _____, a Notary Public, in and for said county, in the state aforesaid, do hereby certify that _____, personally known to me to be same person whose name is subscribed and Gary Stephens, Authorized Agent for Sparta Community Hospital District, personally known to me to be same person whose name is subscribed, to the foregoing instrument, as his/her free and voluntary act, for the uses and purposes therein set forth including the relese and waiver of homestead.

Given under my hand and Notarial seal this _____ day of _____, _____, A.D.

Notary Public



Nursing/Allied Health Scholarship Contract

In consideration of the Hospital District's Nursing/Allied Health Scholarship Agreement attached hereto, I hereby acknowledge receipt of \$ _____ as reimbursement for _____ during the _____ semester, _____.

If monies represent payment to me, I acknowledge that a receipt must be submitted before payment will be made. If Hospital District makes a payment for a textbook and a deposit is given back to me upon return of the textbook, I agree to submit those monies to Hospital District.

I received the amount indicated above, having read and understand the terms and conditions as delineated in the above mention Nurse/Allied Health Scholarship Program, and affirm my intention to comply with the same.

BY: _____
Recipient Date

BY: _____
Administration Date