

Scholarship Repayment Agreement

I have applied for a scholarship from the St. John's Hospital Foundation. If I am awarded a scholarship, I agree to work for St. John's Health in a full-time position for two years following the date of award of the scholarship funds. If I am not working full-time during my educational program, I understand that I must return to full-time employment at St. John's within two years and then complete my 24-month commitment.

I understand that the scholarship is awarded with the expectation of satisfactory academic progress, and I will be expected to provide a copy of my current transcript upon request. Suspension or discontinuation of enrollment or failure to maintain a credit-eligible GPA in all courses will trigger the repayment obligation. I further understand that scholarship funds are intended to be used for tuition and/or books, and I will be asked to submit receipts for these expenditures.

For purposes of this agreement, full-time employment shall be defined as a minimum of 72 hours per pay period worked. If for any reason (including resignation or termination for cause) I do not remain actively working at SJH for a period of **twenty-four months**, or change from regular full-time status to part-time or pool status, I understand that I will fall under the following repayment guidelines:

Duration of employment	Percentage of scholarship to be reimbursed
less than twelve months	100%
at least twelve months but less than fifteen months	80%
at least fifteen months but less than eighteen months	60%
at least eighteen months but less than twenty-one months	40%
at least twenty-one months but less than twenty-four months	20%
Twenty-four months or more	0%

I understand the above agreement. My signature below authorizes SJH to deduct the amount to be repaid to SJH from my final paycheck and any earned vacation pay. I also understand that I am responsible for any remaining unpaid balance.

Nothing in this agreement is to be construed as an express or implied contract of employment or as altering my status as an employee at-will.

Employee Signature

Date

Printed Name

