



## Eligibility for Nursing Scholarship, School Completion and Repayment Clause

### Upon Nursing School Acceptance

1. Complete application submission
2. Letter of acceptance to an accredited Nursing School for RN
3. All applicants will go through an interview process with the Scholarship committee.
4. Scholarships are for the nursing school only, not prerequisites classes and schools.
5. Must be able to complete nursing school within 2 -3 years of the application submission process.
6. The Scholarship eligibility amount is a maximum of \$25,000 a year.

### Post Graduate Process

1. After completion of nursing school, provide proof of graduation from the school.
2. Completion of State Boards licensure for RN in Georgia (after completion from nursing school)
3. Interview with the Nursing Managers at Morgan Medical Center and HR
4. MMC will attempt to provide you with your first choice of nursing specialty to work but is not guaranteed (e.g., Med Surg, ED, Surgery, etc.). The most needed area will be assigned.
5. Pass a Background check.
6. Pass a Drug Screen

## Failure to Complete the Commitment to Work at Morgan Medical Center Terms and Conditions

### Repayment Terms and Conditions

1. **Notification Requirement:**
  - I agree to notify Human Resources in writing within **30 days** if I withdraw, am dismissed, or am otherwise unable to complete the nursing program. Failure to provide notice will result in immediate demand for full repayment.
2. **Repayment Timeline:**
  - The full repayment must be paid within **12 months** from the date of official withdrawal or notification.
  - And or of non-completion of the 4-year commitment



### 3. Installment Plan Option:

- I may submit a written request for an installment plan within **30 days** of receiving the repayment notification.
- Approved installment plans may extend repayment for up to **24 months** with no interest if payments are made on time.
- If payments are missed, the remaining balance may become due immediately.

#### **Pro-Rated Repayment Schedule**

If I withdraw, am dismissed, or fail to graduate, my repayment obligation will be calculated as follows:

- **Completion of 90% or more** of the program: Repay **10%** of awarded funds.
- **Completion of 75% to 89%** of the program: Repay **25%** of the funds awarded.
- **Completion of 50% to 74%** of the program: Repay **50%** of awarded funds.
- **Completion of 25% to 49%** of the program: Repay **75%** of awarded funds.
- **Completion of less than 25%** of the program: Repay **100%** of awarded funds.

### 4. Hardship Consideration:

- If I experience financial hardship due to unforeseen circumstances (e.g., medical emergencies, family crises), I may submit an appeal for:
  - **Extended repayment terms** (up to **12 months**).
  - **Partial forgiveness** of the remaining balance.
- Appeals must be submitted in writing with supporting documentation. Each appeal will be reviewed by the scholarship committee.

### 5. Forgiveness Clause:

- Full repayment may be waived if I am unable to complete the program due to:
  - **Severe medical conditions** (with medical documentation).
  - **Family emergencies** (e.g., loss of a primary caregiver or guardian).
  - **Military deployment** or other involuntary service obligations.
- Documentation must be submitted within **60 days** of withdrawal for forgiveness consideration.



**6. Non-Compliance and Collections:**

- Failure to meet the agreed repayment terms may result in:
- Referral to a third-party collection agency.
- Reporting to credit agencies.
- Potential legal action.
- The scholarship committee may also restrict eligibility for future institutional aid or scholarships.

**Acknowledgment and Agreement**

By signing below, I confirm that I have read, understand, and agree to comply with the repayment terms outlined above. I accept responsibility for notifying the scholarship committee of any changes in my enrollment status.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

--- LEGAL DECLARATION ---

I understand that if awarded the MMC Nursing Scholarship, I am required to sign a legally binding agreement detailing the terms of financial support, academic and employment obligations, and repayment requirements. Failure to meet the terms—including but not limited to graduating within the specified timeline, obtaining licensure, and fulfilling a post-graduation employment commitment at Morgan Medical Center—may result in full or partial repayment obligations.

I certify that all information provided in this application is accurate and complete. I consent to the terms and conditions outlined in the scholarship agreement if selected as a recipient.