

---

## 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 Medical Center 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.

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 SJMC 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:

| <b>Duration of employment</b>                               | <b>Percentage of scholarship to be reimbursed</b> |
|---|---|
| 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 SJMC to deduct the amount to be repaid to SJMC 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