



## Meritus Registered Nurse Scholarship Program

### For Meritus Health, Inc. Employees

The purpose of this program is to assist current employees in obtaining the education/training needed to satisfy the critical Registered Nurse positions available at Meritus Health Medical Center, Inc. (“the Hospital”).

The Hospital offers a limited number of scholarships annually, as determined by the annual budget. The program is intended to be beneficial to both the employee and the Hospital. The Hospital agrees to fund a portion of the employee's education in return for a pre-determined length of employment with the Hospital after graduation. The Hospital will pay, as outlined below, for the full cost of tuition for a period of up to four (4) semesters.

Program	1st Semester Nursing Program	2nd Semester Nursing Program	3rd Semester Nursing Program	4th Semester Nursing Program	Upon Receiving RN License	First Pay Date Following Three (3) Years of Employment	Total Financial Assistance
Meritus Employees pursuing HCC/Meritus Joint Nursing Program (requires 12 hours worked every two weeks - 0.15 FTE during school year and 0.6 FTE during summer break)	** Full cost of tuition for a period of up up to four (4) semesters						Approximately \$24,000

***\* \* For Meritus Employees pursuing the Hagerstown Community College/Meritus Joint Nursing Program. Books, lab fees, and school required uniforms are not covered under the program.***

Each candidate is expected to obtain employment with the Hospital to maximize financial assistance and gain relevant work experience. Time worked prior to graduation does not count toward the post-graduation work requirement. Each scholarship awardee must agree to work three full years at a 0.9 FTE (36 hours per week) upon graduation.

Upon graduation, the candidate will be required to apply to Registered Nurse positions of interest and will be considered along with other job applicants. Although candidates may not always be offered their preferred department or shift, they will be offered a position and work shift in an area with the most need. Wages will be equivalent to those received by other Registered Nurses with equivalent experience.

Should an offered position be declined by the candidate, the contract shall be considered breached. The scholarship recipient must fully reimburse the Hospital for any received sign-on bonuses or installment payments should they fail to initiate full-time employment upon licensure, fail the NCLEX, or not meet the established employment conditions before starting full-time service. Upon commencement of the 36-month full-time employment term, the repayment of any scholarship loan will be prorated based on the proportion of the service term completed. However, if the scholarship recipient successfully fulfills their service obligations for the predetermined period, their obligations under the agreement will be

considered fully satisfied. Once the agreement is fulfilled, the individual is then free to pursue employment elsewhere without any liability or debt obligations to Meritus Health.

### **Selection Criteria**

The candidate must provide and/or adhere to the following:

1. a transcript with the most recent grade point average (high school for a new high school graduate or college for a current/previous undergraduate student). The candidate must have a minimum 3.0 grade point average (GPA).
2. A well written 1-2-page essay describing why candidate should be chosen for the scholarship must be included with the application. The essay must include:
  - The candidate's career goals
  - Why the candidate believes that they would be a good nurse
3. The candidate will supply a minimum of two (2) signed letters of reference from non-family members. Letter of reference may not be older than two (2) years. *A letter of reference/recommendation from the candidate's current coach is encouraged.*
4. The candidate will complete all required interviews as determined by Meritus Health. Nursing and Team Member Services will be involved in the interview process.
5. The candidate must sign the Meritus Registered Nurse Scholarship Program Contract Signature Page.
6. The candidate must be in good standing and cannot have received any Corrective Counseling, including Attendance Counseling, within the 12 months prior to applying to the program.

### **Scholarship Recipient Obligations During Scholarship**

1. It is the responsibility of the recipient to furnish grade reports to Team Member Services at the end of each grading period and prior to the start of the next term. Grade report must include completed semester GPA and cumulative GPA.
2. It is the responsibility of the scholarship recipient to complete all aspects of the Registered Nurse program, including but not limited to a maintaining a 3.0 GPA in classes in the major curriculum, a 3.0 GPA overall, and passage of all applicable licensing exam within six (6) months of graduation.
3. If a recipient falls below a 3.0 GPA, they must immediately inform the Meritus Education Department. Exceptions to the GPA requirement may be granted at the sole discretion of Meritus and the recipient will be required to create a remediation/action plan in order to remain eligible for the program.
4. Before each semester begins, the recipient must submit to Team Member Services a class schedule showing all classes the student will take in the upcoming term.

5. It is the responsibility of the recipient to notify Team Member Services in writing of any changes of status during the term of the scholarship. This includes but is not limited to: adding/dropping a course, withdrawing or not enrolling, name change, etc.
6. It is the responsibility of the recipient to notify Team Member Services of any change in major. The agreement is entered into by the Hospital for the express purpose of obtaining viable candidates for Registered Nurse positions. The Hospital reserves the right to terminate this agreement in the event the recipient changes his or her major and/or learning institution without the prior written approval of Meritus Health.
7. The recipient understands that it is not the responsibility of Meritus Health to obtain the above-named documents. The responsibility to furnish these documents to the Team Member Services Department belongs solely to the recipient.
8. The recipient must work a minimum of 12 hours every two weeks (0.15 FTE) during the school year and 24 hours per week (0.6 FTE) during summer break.
9. The recipient must attend monthly check-ins with the Meritus Education Department.
10. If the recipient's employment voluntarily or involuntarily terminates for cause or hours are reduced to less than the required commitment, Team Member Services will notify the recipient of any outstanding balance that is due.
11. If Meritus is unable to obtain the full reimbursement from the recipient's final paycheck or PTO payout, the recipient will be required to make direct payment to Meritus for any remaining obligation.
12. The recipient should contact Team Member Services within 30 days of separation or reduction in hours to discuss a repayment schedule. The full balance that is owed must be repaid within six (6) months from date of separation or reduction in hours. If the recipient fails to contact Team Member Services within 30 days or fails to repay the balance within six (6) months, the outstanding balance owed will be turned over to a collection agency for further legal action.
13. Hospital makes no guarantee of continued employment for the duration of the service commitment or while the recipient is attending school. Should Hospital terminate the recipient's employment without cause, including circumstances such as a Reduction in Force, the recipient's obligation to repay any remaining scholarship funds will be forgiven, contingent upon Meritus retaining the payout of the recipient's accrued Paid Time Off.

#### **Scholarship Recipients Obligation upon Graduation**

1. The recipient must commit to working for Meritus Health as a Registered Nurse full time (0.9 FTE) for a period of no less than 36 months. The recipient must apply for positions no later than 10 days after all requirements have been met (including course work, internships, and licensing) making the recipient eligible for work as a Graduate Nurse or Registered Nurse. This work may be in any inpatient nursing department and shift that is available.
2. The recipient understands that it is not the obligation of the Hospital to employ the recipient for any length of time. The employment (and continued employment) of the recipient is contingent upon a position opening at the time of graduation and satisfactory performance while on the job.

3. The recipient will be required to apply to positions of interest and will be considered along with other job applicants. Although candidates may not always be offered their preferred department or shift, they will be offered a position and work shift in an area with the most need. Wages will be equivalent to those received by other Registered Nurses with equivalent experience.
4. If a position is offered to the recipient, the recipient has the obligation to accept the position. If the position is offered and not accepted, the terms of this agreement will be considered breached.

### **Meritus Health Responsibilities**

1. Meritus Health agrees to review all applications objectively and without prejudice.

Upon providing satisfactory proof of enrollment at an approved/accredited institution, the Hospital agrees to directly pay the scholarship loan recipient up to the amounts listed herein for intended use towards tuition, textbooks, laboratory fees, and school-required uniforms. A reviewed and approved acceptance letter is required before the initial disbursement of funds for the program's first semester. For the subsequent semester, a class schedule and satisfactory grade report must be provided before further program payments are made.

2. Meritus Health agrees to consider the agreement obligations met if none of the obligations of the recipient are breached, including recipient's service obligations for the predetermined period.
3. Meritus Health and recipient recognize that Meritus Health's payment obligation in the agreement is null and void if the terms are breached in any way by recipient

**Meritus Registered Nurse Scholarship Program**

**Contract Signature Page**

I accept all terms in the Meritus Registered Nurse Scholarship Program Policy. As an applicant of the Meritus Registered Nurse Scholarship, I agree to abide by all guidelines set forth including, but not limited to: In the Event of a Breach of Contract section and the timetable as set forth in the overview.

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**Printed Name of Scholarship Applicant**

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**Signature of Scholarship Applicant**

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**Date**

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**Signature of parent of legal guardian {If applicant is under 18 years of age}**

## **In the Event of a Breach of Contract**

In the event that the recipient fails to meet the obligations and responsibilities outlined in the EMPLOYEE EDUCATION ASSISTANCE / REIMBURSEMENT AGREEMENT (the "Agreement"), this will initially trigger a suspension of financial support from Meritus Health towards the recipient's educational pursuits. Despite this suspension, the Agreement will remain in force regarding the recipient's financial restitution obligations to Meritus Health. The recipient will then be required to repay Meritus Health a prorated amount of the funds disbursed for their education, corresponding to the portion of the service period they failed to complete as defined in the Agreement. Should no service be rendered, the recipient may be responsible for repaying the entire amount initially funded.

Meritus Health, at its discretion, may offer a cure period prior to demanding repayment, providing the recipient a specified timeframe to correct their breach of obligations under the Agreement, subject to conditions Meritus Health deems appropriate. The initiation of this cure period and its duration will be communicated to the recipient following the identification of a breach.

If Meritus Health chooses not to provide a cure period, or should such a cure period be provided but lapse without the recipient remedying their breach, then the educational support previously granted will be reclassified as a loan. In this event, the recipient is obligated to commence repayment under the terms outlined herein: entering into a monthly installment plan, with the monthly payment amount calculated based on a prorated assessment of the total educational expenses financed by Meritus Health, adjusted for the unfulfilled portion of the obligated service period.

Meritus Health will document the recalculated obligation as a debt with the appropriate credit reporting agencies. Furthermore, any instances of delinquent or missing payments will be reported to these agencies, potentially affecting the recipient's credit rating.

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**Printed Name of Scholarship Applicant**

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**Signature of Scholarship Applicant**

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**Date**

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**Signature of parent of legal guardian {If applicant is under 18 years of age}**

## Registered Nurse Scholarship Program Application Form

**Name:** \_\_\_\_\_

Last

First

Middle Initial

**Mailing Address:** \_\_\_\_\_

Street

City

State

Zip

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Degree/Major:** \_\_\_\_\_

**College or University:** \_\_\_\_\_

**Anticipated graduation date:** \_\_\_\_\_

**Education to Date:**

School Name	Course of Study	Did you Graduate	Receive a degree?
High School:		Yes No	
College:		Yes No	Yes No
Have you ever been employed by Meritus Health?	Yes No Dates: ____	Currently Employed Yes ____ No ____	

## Registered Nurse Scholarship Program Application Checklist

The following items must accompany the application form:

- \_\_\_\_\_ Certified copy of high school and/or college transcript
- \_\_\_\_\_ Resume
- \_\_\_\_\_ Essay
- \_\_\_\_\_ References
- \_\_\_\_\_ Completed Breach of Contract
- \_\_\_\_\_ Completed Contract Signature Page
- \_\_\_\_\_ Completed Application Form

*For Fall 2024 Enrollment, Application due by June 14*

Upon receipt of a complete application packet, the candidate may be selected for an interview with the Scholarship Selection Committee. The committee will review all completed packets and discuss interview results, then make a recommendation for scholarship monies.

Completed packets must be submitted to:

Meritus Health  
Team Member Services  
1116 Medical Campus Road  
Hagerstown, MD 21742

Alternatively, completed packets can be emailed to [Savannah.Durning@MeritusHealth.com](mailto:Savannah.Durning@MeritusHealth.com).

For questions: contact Savannah Durning at (301) 790-8500



**EMPLOYEE EDUCATION ASSISTANCE / REIMBURSEMENT  
AGREEMENT**

This Employee Education Assistance Reimbursement Agreement (this "Agreement") is made and entered into this \_\_\_ day of \_\_\_\_\_, 20\_\_ by and between  (INSERT NAME)  ("Employee") and  (INSERT MERITUS ENTITY)  ("Employer"). **This Agreement is ancillary to Employee's "at-will" employment relationship with Employer, and is not intended to and does not create any additional terms or conditions of employment other than those expressly set forth in this Agreement.**

- A. Continuing education is important in order for Employee to further their career goals as well as to achieve the goals of the Employer.
- B. The expenses associated with continuing education at an accredited educational institution may be substantial and include tuition.
- C. Through Tuition Reimbursement and/or the Academic Assistance Program (collectively, "Education Assistance"), Employer is prepared to either reimburse tuition expenses that the Employee has already paid for pre-approved courses, anticipating a valuable return on investment through satisfactory employment of the Employee with the Employer, or in the case of the Academic Assistance Program, directly pay funds to the scholarship loan recipient if they meet, and continue to meet the program's criteria/terms.
- D. If Employee does not work for Employer as a Registered Nurse full time (0.9 FTE) for a period of 36 months following graduation, Employer will not receive the anticipated value and return on its investment in Employee's training.

NOW THEREFORE, in consideration of the mutual covenants and agreements set forth herein, Employer and Employee agree as follows:

**1. Employer Payment of Education Assistance (check the applicable program).**

**Tuition Reimbursement:** Employer will reimburse Employee's paid Tuition in the total amount of  (INSERT TUITION DOLLAR AMOUNT)  for approved course(s)  (INSERT NAME OF APPROVED COURSES)  .

**2. Employee Obligation to Reimburse Education Assistance.**

"Reimbursable Event" shall have the following meaning:

- a. If the candidate does not accept an offer or the Employee voluntarily resigns his/her employment or is involuntarily terminated for cause; or
- b. If Employee transfers to a role within Meritus Medical Center, Inc. that decreases the Employee's budgeted FTE to below a 0.15 during the school year and 0.3 FTE during summer break, or less than a 0.9 during the period of 36 months following graduation.

For purposes of this Agreement, "cause" shall be defined as (a) Employee's failure or refusal to follow Employer's policies, procedures, guidelines, or rules, or (b) any other conduct- or behavior-

related reason for which Employer believes it should terminate Employee's employment. In all cases, the determination of whether there exists cause to terminate shall be in Employer's sole and exclusive discretion. As noted above, nothing in this Agreement alters the at-will nature of Employee's relationship with Employer.

If a Reimbursable Event occurs at any time prior to thirty-six (36) months after Employee's graduation from the program, Employee promises to fully reimburse Employer for the pro-rated balance of the amount identified above in Paragraph 1. For each month that the Employee works in a 0.9 FTE status within the thirty-six (36) months after Employee's graduation from the program, the amount identified above in Paragraph 1 is reduced by 1/36<sup>th</sup>.

3. **Deduction of Education Assistance from Final Paycheck and/or Payout of PTO Accrued Balance and Repayment Obligation.** This Agreement constitutes written authorization for Employer to deduct up to the entire Education Assistance identified in Paragraph 1 from Employee's final paycheck and/or payout of accrued PTO balance to the fullest extent allowed by any applicable federal or state law if a Reimbursable Event occurs. Any remaining portion of the Education Assistance not deducted from Employee's final paycheck and/or PTO payment shall be paid by Employee in full within six (6) months of the date of the Reimbursable Event. Employee shall complete a separate Authorization to Make Deduction from Wages form in support of this provision
4. **Consistency with Fair Labor Standards Act.** This Agreement shall be interpreted in a manner to be consistent with the Fair Labor Standards Act, and Education Assistance owed by Employee shall be adjusted to the extent necessary to comply with the Fair Labor Standards Act.
5. **Costs of Enforcement and Collection.** If the Education Assistance Reimbursement is not paid by Employee when due, Employee promises to pay all costs of enforcement and collection and preparation therefore, including but not limited to, reasonable attorneys' fees, whether or not any action or proceeding is brought to enforce the provisions of this Agreement (including, without limitation, all such costs incurred in connection with any bankruptcy, receivership, or other court proceedings whether at the trial or appellate level).
6. **Severability.** Should any provision of this Agreement, or portion thereof, be declared or determined by any court of competent jurisdiction to be illegal, invalid, or unenforceable, the legality, validity, and enforceability of the remaining parts, terms, or provisions shall not be affected thereby and said illegal, unenforceable, or invalid term, part, or provision shall be deemed not to be a part of this Agreement, while the remaining provisions of this Agreement shall nevertheless continue in full force and effect without being impaired in any manner whatsoever.
7. **Modification, Waiver and Applicable Law.** This Agreement may only be amended or modified by a writing signed by Employer and Employee. Employer's failure to enforce its rights under any provision of this Agreement shall not constitute a waiver of such rights, and any waiver of any provision of this Agreement shall not constitute a waiver of any other provision of this Agreement unless expressly so indicated. This Agreement shall be construed and enforced in accordance with the laws of the state of Maryland.

**[SIGNATURES ON THE FOLLOWING PAGE]**

I have read and understand the terms of this Agreement and expressly agree to be bound by its terms. I am signing this Agreement voluntarily, knowingly, and upon such consideration as I deem appropriate.

EMPLOYEE SUPERVISOR

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

EMPLOYEE

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

TEAM MEMBER SERVICES

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_