



CNA Scholarship Program Agreement

I, agree to work at the Medical Center of Aurora / Centennial Medical Plaza a minimum of sixteen (16) hours per week while attending school to become a Certified Nursing Assistant (CNA). I also agree to maintain full-time employment for a minimum of 12 months following my graduation from school and in accordance with the hospital's employment policies at the Medical Center of Aurora.

The Medical Center of Aurora agrees to pay tuition in the amount of no more than \$350 per year for an employee enrolled full-time in an accredited CNA program in which said employee obtains at least a "C" average.

In consideration of my employment, I agree to conform to the rules and standards of the hospital as they may be amended by the hospital from time to time in its discretion. I agree that my employment and compensation can be terminated at will, with or without cause, at any time, either at my option or at the option of the hospital. I understand that my continued employment will be predicated on acceptable performance, compliance with hospital rules, and the business needs of the hospital. I further understand that in exchange for this tuition expense and training, I will serve as a full-time staff CNA, or in another full-time position approved by Nursing Administration, for one (1) full calendar year. If I fail to maintain eligibility as a CNA, or fail to become certified to practice as a CNA, I must repay funds to the Medical Center of Aurora in lieu of not meeting my service obligation as outlined in this agreement.

I understand and agree that if I am unwilling or unable to perform the duties of a CNA, or in another position approved by Nursing Administration, for a minimum twelve months of employment following graduation, I will reimburse the hospital based on the following guidelines:

Payback Plan:

6 months or less worked, I will return 75% of tuition paid

6 - 12 months worked, I will return 50% of tuition paid

I hereby agree and authorize collection from my paycheck for any required repayment and understand that any balance due will be deducted from my final paycheck. Should there be a balance following the deduction from my final paycheck, I understand that it is my responsibility to arrange repayment through the hospital's Finance department prior to my departure from the facility. I acknowledge that I am responsible for any collection procedures should I default on any or all of my required payment (s).

Employee Signature