

**Madonna Rehabilitation Hospitals  
Scholarship Agreement**

**Acknowledgment and Agreement of the terms of the Scholarship Program Description:**

- A. The Recipient of the Madonna Scholarship will sign this program description to acknowledge that the terms of the program are understood and that in exchange for receiving the Scholarship funds will comply with the terms of the program.
- B. The Recipient must write a thank you letter addressed to the Donor prior to any monies being released. The Recipient will have 2 weeks from date of notification of their selection to prepare the Thank you letter.
- C. The Thank you letter will be submitted to the Director, Customer and Employee Experience System who will forward to the Foundation Development Director.

**Notification of Repayment policy:**

- A. Recipients are obligated to repay Madonna for each Reimbursement Year if he or she is not employed on the annual anniversary of the date of receipt of that scholarship.
- B. The employee must maintain scheduled hours for one year after receipt of scholarship.
- C. If an employee voluntarily terminates employment, or is terminated "for cause" prior to the anniversary after receipt of payment, they agree to repay the entire scholarship received. (Payment will be withheld from the final paycheck if possible or must be paid to Madonna within 30 days of the reduction of hours or termination date of the scholarship participant's employment.)
- D. A signed and executed repayment agreement is required prior to scholarship reimbursement.

I, \_\_\_\_\_, acknowledge that I have received and reviewed this Madonna Scholarship Program description. I agree that in exchange for scholarship funds, I will comply with the terms of this program as set forth herein including specified service commitment.

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

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