



HELENA HEALTH FOUNDATION NURSING SCHOLARSHIP
AWARD RECIPIENT COMMITMENTS

The Helena Health Foundation intends to increase the number of advanced degree nurses in Phillips County. I understand that the Helena Health Foundation requires the following three (3) commitments from me:

I COMMIT TO COMPLETE THE PROGRAM IN THE DESIGNATED TIME FRAME: I understand that the program is normally designed for completion within two years. I understand that if I withdraw from the program or fail to complete the program for any reason within the designated time frame, I will not have met this requirement.

I COMMIT TO WORK 2 YEARS IN PHILLIPS COUNTY: I will work full time with my degree in Phillips County for at least two years after completing each degree level funded by the Helena Health Foundation.

I COMMIT NOT TO RECEIVE OTHER AWARDS: I understand that I will not seek or receive other scholarships, monetary awards, or grants while receiving funding from the Helena Health Foundation.

I understand that if I fail to meet any of these (3) commitments, for any reason, I must immediately reimburse the total amount of scholarship funding awarded to me back to the Helena Health Foundation.

Printed Name: _____

Signature: _____

Date: _____

Notary: