

SCHOLARSHIP AGREEMENT
SPONSORED BY: SEA CLIFF HEALTHCARE CENTER

I. Acceptance of Scholarship

WHEREIN _____ (the "Student") has accepted a certified nursing assistant scholarship ("Scholarship") awarded to Student through **ALL HEALTHCARE INSTITUTE, INC.**, located at 12235 Beach Blvd., Suite 206, Stanton, CA 90680 (**the "Nurse Assistant Training Program"**).

WHEREAS HB Healthcare Associates LLC, dba Sea Cliff Healthcare Center ("**Facility**") has agreed to enter into this Agreement ("Agreement") with Student for the purpose of encouraging Student to pursue certification as a nursing assistant in order for Facility to employ Student as a certified nursing assistant at the Facility.

WHEREAS The purpose of the Scholarship is to pay for Student's tuition, fees, books, and supplies required for the Nurse Assistant Training Program as set forth below.

The Scholarship is subject to the acceptance of the following terms and conditions described herein. To accept the Scholarship award and receive the funds authorized herein, read the terms and conditions below. If you accept the terms of the Scholarship, complete the information requested and check the "I accept" box at the end of this Agreement.

II. Contract Agreement:

A. The Student is required to make an initial, *non-refundable*, payment of \$200 upon enrollment in the Nurse Assistant Training Program. The \$200 will be reimbursed to the Student by Facility once the Student is hired as an employee at the Facility. Alternatively, the re-payment will be forfeited if the Student (i) does not complete Nurse Assistant Training Program (2) if the Facility does not hire the Student or (3) if the Student does not accept employment at Facility.

The Scholarship award is in the amount of \$1,745 less \$200 from Student's own funds as described above ($\$1,745 - \$200 = \$1,545$) and will be paid directly by Facility to All Healthcare Institute financial aid office. Facility will pay \$772.50 halfway through the program and \$772.50 upon Student passing the certification exam. This amount will cover the following:

- \$1,500 – Tuition
- \$70 – Two set of uniforms with school logo
- \$70 – Textbook and workbook
- \$105 – Learning media and lab supplies

B. Payments will be made to the Financial Aid Office of the Nurse Assistant Training Program, to be applied toward Student's educational expenses for tuition, fees, books, supplies, and equipment.

C. The Student is responsible for the following pre-enrollment requirements and expenses in order to be accepted in the Nurse Assistant Training Program:

- \$60 Background Check (<http://all-hcicompliance.com/>)
- Must have completed current American Heart Association CPR training
- NSO Liability insurance required for clinical training (\$20 to \$30 fee per year)

- \$\$ Health screening fees (A health screening form must be filled by your doctor prior to the clinical training declaring no limitations to perform the clinical training)
- Flu and COVID Vaccine are required for clinical training
- \$\$ LiveScan fingerprinting cost varies between \$25 to \$75 find nearest location near you by visiting the link provided here:
(<https://oag.ca.gov/fingerprints/locations?county=Orange>)

Students are also responsible for the Certification Exam fees below:

- \$120 Written and Manual Skills Exam Fee
Or
- \$135 Oral and Manual Skills Exam Fee

D. In order to receive the Scholarship Student **must agree to 12 months full time employment as a CNA at Facility** and begin employment *immediately* or as agreed to by the parties, after the Student successfully passes the certification exam from California Department of Public Health and is officially a Certified Nurse Assistant.

E. Student must promptly report to Facility and All Healthcare Institute the following information:

1. Date of the certification exam
2. Result of the certification exam
3. Upon receipt of the official certificate as a CNA

F. Facility offers the following employment schedule and starting hourly rate:

1. 7 am to 3 pm
2. 3 pm to 11 pm or
3. 11 pm to 7 am
4. \$20 per hour new grad rate

- ☐ **I accept and agree to the terms and condition above.**
- ☐ **I understand and agree to start the 12 months employment as a CNA once officially certified by the CDPH.**

IN WITNESS WHEREOF, the authorized representatives of the parties hereto have executed this Agreement.

[INSERT NAME OF STUDENT]	HB Healthcare Associates LLC, dba Sea Cliff Healthcare Center
Sign:	Sign:
Name:	Name:
Title: Authorized Agent	Title: Authorized Agent
Date:	Date:

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