REGISTERED NURSING DEGREE GRANT

BILOXI REGIONAL MEDICAL CENTER

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BILOXI, MISSISSIPPI
BILOXI REGIONAL MEDICAL CENTER
APPLICATION FOR ASSOCIATE NURSING DEGREE GRANT

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Home address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
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<tr>
<th>Date of Birth</th>
<th>S</th>
<th>M</th>
<th>D</th>
<th>W</th>
<th>No. of dependents</th>
<th>Month/day/year</th>
<th>Marital Status</th>
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<tr>
<th>Parent, Guardian</th>
<th>Or spouse</th>
<th>Name</th>
<th>Address</th>
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<table>
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<tr>
<th>Name of High School</th>
<th>Yr. Graduated</th>
<th>Grade Average</th>
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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>Name of School Currently Attending</th>
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<table>
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<tr>
<th>Date of Entrance into Associate Degree Program</th>
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<th>Date GRANT is needed to begin:</th>
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<tr>
<th>How many Semesters will the GRANT be needed? (Please Circle One)</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tr>
<th>Expected Date of Graduation (Month and Year)</th>
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<th>Briefly state: Why you entered the nursing program, and what are your nursing career goals?</th>
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List any work experience (Include Job Title, Name of Firm, Address, Dates of Employment, and your name at the time of employment):

Describe any convictions for crimes you have incurred other than misdemeanors or traffic violations:

PLEASE READ CAREFULLY

I certify that all information on this application is true and complete to the best of my knowledge. I understand that false or incomplete statements can result in disqualification or loss of GRANT. I understand that a limited number of GRANTS are to be rewarded and application process becomes the property of Biloxi Regional Medical Center.

Signature of Applicant

Date

For more information or to submit an application contact:

Nurse Recruiter
Biloxi Regional Medical Center
150 Reynoir Street
Biloxi, MS
228-436-1290
MEMORANDUM OF AGREEMENT FOR REGISTERED NURSING DEGREE GRANT

I choose to accept the offer by Biloxi Regional Medical Center to provide the Undersigned, __________________________, up to $5,400 in GRANT funds. $1,800 for the second, third and fourth semesters of a designated registered nursing degree program. In acceptance of the GRANT, I agree to the following terms:

a. I understand that the maximum amount of total payments will be $5,400 (with a maximum of $1,800 per semester and a maximum of 3 semesters).

b. Upon completion of my nursing degree and successful passage of the Mississippi Registered Nurse Licensure Examination, I agree to remain in full-time employment with Biloxi Regional Medical Center for a period of six months for each full semester of awarded Grant. Acceptance of the Grant does not imply a permanent employment relationship, contractual or otherwise. Therefore, should my employment be terminated for cause prior to the expiration of my required employment tenure, all monies previously paid will be immediately due and payable to Biloxi Regional Medical Center.

c. I understand that should a position not be available for me, or Biloxi Regional Medical Center opts not to employ me upon successful passage of the Mississippi RN Licensure examination the repayment requirement will be waived.

d. If I, for any reason, fail to complete the program of study or fail to maintain a cumulative "C" grade-point average during the program of study, all monies received through the Grant program will be immediately due and payable to Biloxi Regional Medical Center. If I fail to pass the State Board examination no repayment will be due until the next examination is either failed or not taken within 4 months. At the time of a second failure, I will be responsible for repayment of all funds received through the Grant program.

AGREED AND ACCEPTED:

__________________________________________________________________________  ________________________
Student Signature Date

__________________________________________________________________________  ________________________
Committee Chair Date
Grants will be available at Biloxi Regional Medical Center for students who are pursuing a Registered Nursing Degree at a junior or senior college in Mississippi or the University of South Alabama. Grants will be paid for the second, third and fourth semesters of the registered nursing degree program.

Selection Criteria
Biloxi Regional Medical Center Nursing Education Grant Committee (The Committee) will designate the number of grants to be offered each year.

The selection process will require the applicant to submit the following:

- An application completed by the student
- Letter of reference from two current instructors
- Transcript of grades for first two semesters of the associate program
- A written statement by the applicant stating their nursing career goals
- Interview with The Committee

Grant Funds
The maximum amount of total payment will be $5,400 (with a maximum of $1,800 per semester for the second, third and fourth semester of the registered nursing degree program.

At the beginning of each semester a check will be issued to the school to pay tuition, fees and books.

Students must maintain a C cumulative grade-point average in order to be eligible for this grant. The students must submit a copy of their grades at the end of the second, and third semester in order for the grant to continue for the fourth semester. The student also agree to inform The Committee of any change of address or name throughout the duration of the grant and until any indebtedness is paid in full.
The student must sign a commitment agreement to become employed on a full-time basis by the hospital providing the grant immediately upon graduation (based on position availability). If no position is available or if the hospital opts not to employ the grant recipient, the requirement for repayment will be waived. If employed by Biloxi Regional Medical Center the recipient must remain employed by the hospital in a full-time status for a period of (6) months per full semester of awarded grants. Failure to meet the employment requirements will cause all monies previously paid to be immediately due and payable to the hospital.

If the student, for any reason, fails to complete the program of study, all monies received through the grant program will be immediately due and payable to the hospital.

If the student fails to pass State Board examination no repayment will be due until the next examination is either failed or has not been taken within 4 months. At the time of a second failure, the student will be responsible for repayment of all funds received through the grant program.

It is understood the grant agreement in no way constitutes an employment contract.

For more information or to submit an application contact:

Nursing Department Executive Secretary
Biloxi Regional Medical Center
150 Reynoir Street
Biloxi, MS
228-436-1290