



PERSONAL DATA

Name _____

Address _____

City, State, Zip _____

Home Telephone (_____) _____

EDUCATIONAL BACKGROUND

	School Name & Address	Dates Attended	Course of Study/Major	List Diploma or Degree
High				
College				
College				

UNIVERSITY OF CHICAGO MEDICAL CENTER WORK HISTORY

Date of Employment _____ Current Job Title _____

Department _____ Supervisor _____

Telephone _____ Performance Appraisal Rating _____

Date of Last Appraisal _____

TRANSFORMATION SCHOLARSHIP APPLICATION

Program of Study _____ Nurse Anesthesia (Master of Science in Nurse Anesthesia)

College/University _____

Address _____

Telephone Number (_____) _____ Anticipated Start Date of Program _____

Anticipated length of time to complete the program of study _____

Have you been formally accepted into the program of study by the designated post-secondary institution indicated above? If **YES**, please attach the letter of acceptance with this application. Yes No

If **NO**, when do you anticipate a formal decision regarding the acceptance of your admission application?

Will you be requesting a flexible work schedule to accommodate your educational plans? Yes No

If YES, please describe how your work schedule will need to change. _____

Has this plan been reviewed by your supervisor? Yes No

ACKNOWLEDGMENT OF LIMITATIONS

I have carefully reviewed the limitations of the University of Chicago Medical Center's criteria for the Nursing at the Forefront Scholarship for Study in Anesthesia Nursing Award as outlined below:

Provisions of Scholarship

- DACC will provide 100% prepaid tuition, fees and required textbooks for participation in the Anesthesia Nursing program.
- DACC will provide \$1000.00 education stipend per month during the clinical residency portion (i.e. Rush University Course NAN 600) of the program.

Acknowledgment of Limitations

- The Scholarship recipient agrees to work a minimum commitment of two years as a nurse anesthetist for the Department of Anesthesia & Critical Care (DACC) beginning on notification from the Illinois Department of Professional Regulation of licensure to practice as a Certified Registered Nurse Anesthetist.
- If the Scholarship recipient does not honor the two year employment requirement, the DACC will require that the recipient repay all educational expenses paid by the UCMC within 60 days of the first day of his/her failure to honor the commitment.
- The DACC will require that the Scholarship recipient execute a promissory note reflecting the educational expenses due to be repaid. The Scholarship recipient agrees that this repayment will be payable regardless of any conflicting provision in any other agreement, including a collective bargaining agreement.
- The Scholarship recipient also acknowledges that in the event that he/she does not honor the two year employment requirement, he/she will be contractually required to pay the DACC an additional sum of \$40,000 (also due within 60 days of the first day of the failure to honor the commitment) that represents the estimated cost of recruiting a CRNA to replace Scholarship recipient in his/her position or anticipated position. The Scholarship recipient further agrees that said amount of \$40,000 is fair and reasonable.
- The Scholarship recipient may not utilize these Scholarship funds and tuition reimbursement for the same educational expenses. However, tuition reimbursement for other coursework not covered by the Scholarship is permitted.
- The Scholarship recipient must meet the academic requirements of the Nursing Anesthesia program and agree to allow the academic institution to share information with the DACC to demonstrate academic progress. Such information includes grades, academic status and progress towards successful completion of the program.

Employment Limitations

- The Scholarship recipient may not seek employment with another organization while benefiting from this Scholarship award. In the event of involuntary termination, the employee is not required to reimburse the organization nor will the DACC continue its scholarship commitment.
- The receipt of this Scholarship does not guarantee future employment in the Department of Anesthesia & Critical Care.
- During the clinical residency, the Scholarship recipient cannot work for the eight hours that precede the [academic] clinical assignment.

Employee's Signature _____ Date _____

Supervisor Review Signature _____ Date _____

Level II Review Signature _____ Date _____