



Recipient \_\_\_\_\_

Your application for ENCSGNA educational funding has been approved.

Funding in the amount of \_\_\_\_\_ will be sent to you after the signed agreement below has been received by the Sec/Treasurer of ENCSGNA.

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#### LEGAL AGREEMENT

I, \_\_\_\_\_ agree this educational grant received from ENCSGNA is to be used for the sole purpose of advancing my education career goals in Nursing and are to be used in the calendar year in which I received funding. I agree to provide the Secretary/Treasurer of ENCSGNA with the following information within 30 days of my course/program completion, or by Dec 15<sup>th</sup> of this year.

1. *Receipts for tuition, books, essential equipment (stethoscopes, uniforms, etc.) and/or fees associated with enrollment in a curriculum or a class from a fully accredited educational institution for the purpose of completing a degree or certification in one of the following areas ( this would include any pre-requisite classes):*
  - *Nursing (LPN, AD, BSN, MSN, FNP, MHA)*
  - *GI Tech Certification*
  - *CGRN Certification*
2. *Proof of completion of the class/program with a minimum passing grade of “C” or a “Passing” for a Pass/Fail class. “Dropping” a class will be considered failing (If grades for the Fall semester courses will not be available by Dec 15<sup>th</sup>, I must contact the Sec/Treasurer by Dec 15<sup>th</sup> for specific directions)*
3. *A signed statement from my immediate Manager or Director verifying that I have not been nor will I be reimbursed for the course(s) in the future by my employer (double dipping).*

I agree to return any portion of the educational grant not used for course work during the calendar year of which the grant was awarded to the Sec/Treasurer of ENCSGNA by Dec 15<sup>th</sup> of that same calendar year.

I understand that my signature on this document represents a legal binding contract with ENCSGNA. My failure to comply with all rules and guidelines as described above will be considered a purposeful breach of this contract and I will be responsible to reimburse ENCSGNA 100% of the educational grant.

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SIGNATURE

DATE