

**CENTRAL CAROLINA HOSPITAL AUXILIARY  
FLORENCE B. HARRIS SCHOLARSHIP CONTRACT**

This Scholarship Contract (“Contract”) is between Central Carolina Hospital Auxiliary (Auxiliary”) and \_\_\_\_\_, an individual “Recipient”).

**RECITALS**

WHEREAS, Auxiliary desires to assist individuals pursue and complete educational programs to become non-physician licensed health care professionals (“Programs”); and

WHEREAS, Auxiliary desires to facilitate its efforts of employee retention at Central Carolina Hospital by awarding existing employees with said scholarship.

NOW, THEREFORE, in consideration of the foregoing and the terms and conditions set forth in this Contract, Auxiliary and Recipient hereby agree as follows:

1. **Scholarship:** Recipient understands that Auxiliary shall in consideration of Recipient’s fulfillment of the considerations set forth in this contract, make available to the Recipient up to \$1,500.00, depending on the length of employment of the Recipient, to be used by the Recipient for Program tuition, books, fees and other related expenses. Scholarship funds will be sent directly from the CCH Auxiliary to the Recipient’s chosen college, community college, or university. The Scholarship shall be subject to all other terms and conditions of this Contract and to the approval of the Auxiliary Scholarship Committee.
2. **Auxiliary Guidelines:** Recipient acknowledges receipt of a copy of the Guidelines For Applications of Central Carolina Hospital Auxiliary Scholarship (“Guidelines”) and agrees to follow all of the Guidelines, including, but not limited to completing and signing an application, upon request an interview with the Auxiliary Scholarship Committee, and notifying the Director of Volunteer Services and Auxiliary Scholarship Chair of any change in the information furnished on an application.
3. **Employment:** Recipient shall be a full-time or part-time employee in good standing at Central Carolina Hospital as a non-physician licensed health care professional for at least one year prior to applying for Scholarship.
4. **Full Repayment:** Recipient understands that the Scholarship need not be repaid provided Recipient meets all the terms and conditions of the Contract. However, the Scholarship Committee reserves the right to consider any unusual circumstances (fails out of funded Program, arbitrarily drops out of funded Program or fails to complete the funded Program, to determine how the Recipient shall repay the Scholarship funds previously received. Recipient also understands and agrees that the Scholarship shall be deemed to be a loan to Recipient and shall be repaid to the Auxiliary in full if Contract is not fulfilled. In the event that (a) Recipient fails the enrolled program or; (b) Recipient fails to pass the licensing examination, or any other criteria required of him/her in their chosen healthcare field, all monies received from the Auxiliary must be repaid.
5. **Promissory Note:** Recipient agrees to execute a promissory note in the event of default as outlined in Paragraph 6 of this Contract.

6. **Personnel Policies:** Recipient understands and agrees that notwithstanding any other provisions of this Contract, his/her employment may be terminated by Central Carolina Hospital at any time in accordance with Central Carolina Hospital's rules, regulations, policies or procedures. Recipient understands and agrees that this Contract does not affect, change, or supersede any present or future rules, regulations, policies, or procedures of Central Carolina Hospital regarding personnel or employment, that Central Carolina Hospital retains the right to change in any manner it deems appropriate any and all such rules, regulations, policies and procedures in Central Carolina Hospital's sole discretion, and that Recipient shall be subject to all such rules, regulations, policies, and procedures.
  
7. **Not an Employment Agreement:** Recipient understands and agrees his/her employment will be at the will of Recipient and Employer and may be terminated by Recipient or Employer on notice to the other. Recipient understands and agrees that this Contract does not constitute an agreement regarding the period of his/her employment or constitutes a promise or contract for employment for a specific period.
  
8. **Waiver:** A waiver by either party of a breach of any provision of this Contract shall not operate as a waiver of any subsequent or other breach hereof.
  
9. **Entire Contract:** This Contract constitutes the entire agreement between the parties and supersedes all previous agreements and understandings.
  
10. **Amendments:** This Contract may be amended only by an instrument in writing signed by both Auxiliary and Recipient.
  
11. **Binding Effect:** Recipient and Auxiliary hereby represent that they have carefully read and understood each term of this Contract and fully intend to honor and be legally bound by all of its terms.

IN WITNESS THEREOF, Recipient and Auxiliary has executed this Contract this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Recipient's Signature

\_\_\_\_\_  
 Notary's Signature

\_\_\_\_\_  
 Notary's Printed Name

\_\_\_\_\_  
 My Commission Expires

Contract with recipient approved by \_\_\_\_\_  
 Auxiliary Scholarship Chairman or Volunteer Coordinator

Date \_\_\_\_\_