

Elim Care and Rehab Center  
730 2<sup>nd</sup> ST SE  
Milaca, MN 56353

NURSING ASSISTANT TRAINING PROGRAM SCHOLARSHIP AGREEMENT FORM

Students Name: \_\_\_\_\_

Cost of training program        \$300.00

I have been selected as a recipient of the Elim's Nursing Assistant Training Scholarship program.

My signature below indicates that I understand the Following:

1. Elim Care will pay for the remaining cost of the training program and testing not included in the \$300.00.
2. If offered, I agree to accept a nursing assistant position at Milaca Elim Care and Rehab Center upon successfully completing the program and passing the state registry test/s.
3. After successful employment of 90 days from date of hire, I will be reimbursed the cost of \$300.00 for the training program.
4. This agreement is not a contract for employment.

Student signature: \_\_\_\_\_

Instructor signature: \_\_\_\_\_