

PVA NURSING SCHOLARSHIP PROGRAM
VAUGHAN CHAPTER
GENERAL GUIDELINES

A. STUDENT SELECTION:

1. Prospective students should **submit a brief resume** to Vaughan Chapter, PVA, 2235 Enterprise Drive Ste 3501, Westchester IL 60154.
2. The Scholarship Grant Agreement forms shall be used in accordance with the instructions provided.
3. Selected students will receive four copies of the Scholarship Grant agreement (sample copy enclosed) to be signed and returned to Vaughan Chapter.

B. STUDENT FINANCING:

1. Financing up to \$500.00 per year shall be provided for diploma schools with programs requiring two or more years of study.
2. These funds can be used for tuition, books, laboratory fees or uniforms.
3. Funding shall not be automatic for each succeeding year.
After the initial payment by PVA, each succeeding year's support will be approved only upon proven motivation and ability.
- 4. Submit a W2 Form or proof of income and expenses.**

Spinal Cord Injury Education Program Academic Scholarship Contract	SPONSOR: Vaughan Chapter PVA 2235 Enterprise Drive, STE 3501 Westchester, IL 60154.
1-800-727-2234 708-947-9790 708-947-9755 fax pvachvaug@mindspring.com	

1. Date (month, day, year)	4. Name and Address of Awardee
2. Period of this Award	5. Institution of Higher Education
3. Total Amount of Award	6. Degree or Certification to be completed

7. **QUALIFICATIONS.** In order to qualify for a Vaughan Chapter PVA SCI Educational Program Scholarship, **the applicant must demonstrate a need for financial assistance.** Therefore, he or she must submit a copy of their most recent **income tax return and W-2, plus annual expenses.**

If accepted in the program, the individual must maintain a **C**-average each semester or quarter and submit a copy of their grades to the Research Director at the end of the semester or quarter.

The individual has a 2-year period to utilize the awarded scholarship. If the monies are not Entirely used within the 2-year period, all unused funds will revert back to Vaughan Chapter PVA. This revision can be waived if extenuating circumstances are shown as to why the individual did not utilize the award within the two year period.

After the utilization of one scholarship, the applicant may then apply for a consecutive scholarship.

- 8. **AGREEMENT.** In accepting a Spinal Cord Injury Education Program scholarship, I hereby agree that upon completion of my academic training I will seek employment of not less than 20 hours per week for a period of one (1) year working with spinal cord injured individuals. I will begin working in spinal cord injury care within one year of the date on which I cease to be enrolled as a student at an institution of higher education. Upon completion of this one year period, I shall be released from the terms of this contract.

- 9. **REPAYMENT.** If I do not work with spinal cord injured individuals for one year, I agree to pay the Vaughan Chapter PVA the sum of \$500.00, which is the amount that has been awarded to me under the **Spinal Cord Injury Education Program.** I will repay the amount I owe the Paralyzed Veterans of America beginning on the date I cease to be enrolled as a student at an institution of higher education, and ending one year later or when the amount is paid in full, whichever occurs first. I may, however, request that the payment period start on an earlier date. If I complete part of the work requirement, the amount I am required to repay will be prorated accordingly.

- 10. **WAIVER OR DEFERMENT OF REPAYMENT.** I may request the deferment or waiver of any repayment(s) if I document to the Vaughan Chapter PVA that extraordinary circumstances prevent or substantially impair me from working in an area related to spinal cord injury care.

Agreed to by: _____ (Signature of Awardee) _____ (Date)

(Witness) _____ (Chapter President) _____ (Date)

(Witness) _____ (Chapter Research Dir./
Scholarship Coordinator) _____ (Date)