# McLeod Health The Choice for Medical Excellence

Thank you for your interest in the Tuition/Scholarship program provided by McLeod Health.

Please read the enclosed information carefully. If you are interested in applying for Tuition Reimbursement or a Scholarship, return all required forms in one envelope by the deadline. Late applications will not be considered.

Mail all documents to:

McLeod Health – Human Resources Attn: Tuition / Scholarship Coordinator 555 E. Cheves Street P.O. Box 100551 Florence, SC 29501-0551

#### The Choice for Medical Excellence

Congratulations on your decision to further your education! This packet has been provided to assist you in applying for financial and support through our Tuition Reimbursement, Scholarship and Continuing Job Related Education programs:

#### THIS PACKET CONTAINS THE FOLLOWING DOCUMENTS:

- Summary Plan Document of the Tuition Reimbursement, Scholarship and Continuing Job Related Education programs
- · Questions and Answers
- Payback on Default of Education and Financial Partnership Agreement
- · Summary of IRS Tax Rules
- Tuition Reimbursement, Scholarship and Continuing Job Related Education Applications

# McLeod Health The Choice for Medical Excellence

# Tuition Reimbursement, Scholarship and Continuing Job related Education Programs Plan Document

#### The Choice for Medical Excellence

#### **SUMMARY PLAN DESCRIPTION**

# TUITION REIMBURSEMENT, SCHOLARSHIP AND CONTINUING JOB RELATED EDUCATION PROGRAMS

#### **Statement of Purpose**

McLeod Health believes in investing in the growth and development of its future employees. The Tuition Reimbursement, Scholarship and Continuing Job Related Education programs were created as a means of assisting with this developmental process.

The purpose of this program is to offer educational opportunities, through career counseling and financial support, in order to recruit and retain exceptional employees to deliver excellent patient care and customer service at McLeod Health.

The McLeod Health Scholarship Committee determines the eligibility criteria including approvable courses of study, schools, funding and other program specifications that best meet McLeod Health's strategic goals. Students who are supported through the program have responsibility for actively engaging themselves in the learning process, sharing a portion of the financial burden, and applying their knowledge and skills with McLeod Health following completion of their studies. McLeod believes that this shared approach to learning provides the best outcomes for both the organization and employees.

Acceptance into the program is to benefit any individual who qualifies under McLeod Health Educational Assistance Human Resources Policy (#18322.700.05). The awards are made without regard to race, color, creed, gender, status in the organization, or family relatedness to employees.

# TUITION REIMBURSEMENT AND SCHOLARSHIP FOR CURRENT McLEOD HEALTH EMPLOYEES DEFINED

Educational assistance provided to employees of McLeod Health is in accordance with and under the **IRS Section 127** rules and stipulations for a qualified educational assistance program. The educational assistance will be subject to a work agreement of a minimum of 12 months from completion of course of study, certification, or graduation from an accredited academic program, as stipulated in the tuition reimbursement or scholarship agreement.

As required by the IRS Section 127 rules, the employee must be taxed when he/she begins working in the period of debt forgiveness. The taxable amount will be an annual amount in excess of \$5,250 that would be included in income. The exclusion of \$5,250 from income would continue until the end of the debt forgiveness.

McLeod Health Scholarship McLeod Scholarship Revised 5/00, 5/02, 12/04, 09/06, 01/07, 10/07, 12/07, 11/08, 02/09, 06/09, 07/09

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#### SCHOLARSHIP FOR NON-EMPLOYEES DEFINED

Educational assistance provided to non-employees of McLeod Health is in accordance with and under the **IRS** rules and stipulations for a qualified educational assistance program. Assistance is provided through the means of a loan forgiveness program to non-employees of McLeod Health for the completion of a healthcare career related degree. The educational assistance will be subject to a work agreement following graduation from an accredited academic program and successful employment at McLeod Health, of a minimum of two years or greater as stipulated in the scholarship agreement.

As required by the IRS, the employee must be taxed when he/she begins working in the period of debt forgiveness. The taxable amount will be based on the degree program and the amount of total scholarship monies awarded by McLeod.

#### CONTINUING JOB RELATED EDUCATION FOR EMPLOYEES DEFINED

Educational assistance for job related education to employees of McLeod Health is in accordance with and under the **IRS Section 132** rules and stipulations for a qualified educational assistance program. The education must be job-related: it must maintain or improve the employee's skills for his current job or comply with certain express conditions to allow the employee to keep his current job, keep his current salary level, or keep his current job status. The educational assistance will be subject to a work agreement of a minimum of 12 months from completion of course of study, certification, or graduation from an accredited academic program, as stipulated in the tuition reimbursement or scholarship agreement.

As stipulated by the IRS Section 132 rules, the employee must be taxed when he/she begins working in the period of debt.

#### PROGRAMS FOR WHICH FUNDS MAY BE AWARDED

Educational assistance will be provided for courses of study that are directly related to the strategic needs of McLeod Health, and which the individual has a reasonable expectation of achieving.

A few examples of programs considered:

- Technical programs for specific areas of need such as Surgical Tech, Radiology Tech, Medical Laboratory Tech, etc.
- Associate Degrees in Nursing, etc.
- Degree inferred programs that are health care provider specific (e.g., in Nursing, Pharmacy, Physical Therapy, and other Allied Health areas.)

**Note:** Only approved and accredited academic programs will be funded.

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#### PROGRAMS WHICH ARE NOT FUNDED INCLUDE

- Degrees in programs that have a liberal arts focus.
- Programs that are not approved or accredited.
- Degrees that do not have a health care concentration or job related subjects in the curriculum.
- Programs that do not award diplomas/degrees/certification, unless the training qualifies the participant for a job that is in demand now or in the future.
- Programs that don't meet the strategic needs of the healthcare system.

#### **PAYMENT MECHANISM**

The scholarship recipient and the Financial Assistance office of the school will be contacted in writing when the scholarship is approved. This letter will enable the student to register.

- The institution will then submit receipts for these charges to McLeod Health and payment will be made in full to the school.
- The scholarship program coordinator will maintain a current financial account.
- The scholarship recipient is required to submit a current transcript/copy of grades to the scholarship coordinator at the end of each semester.

#### **CONDITIONS**

- Applicant must maintain at least the minimum cumulative GPA required to stay in the program, as defined by the school. If the GPA falls below the requirement and it is not brought up within a semester, the scholarship will be in default.
- Following graduation, the scholarship recipient will apply for a full-time position at McLeod Health in the field for which they received the scholarship. If accepted for employment, McLeod Health will forgive the scholarship at a rate as indicated below. This commitment does not constitute a contract of employment and employment will be at will. As required by the IRS rules, the employee must be taxed when he/she begins working in the period of debt forgiveness. The taxable amount will be based on the degree program and the amount of total scholarship monies awarded by McLeod. The taxable amount will be included as income.

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<u>Program</u>	Commitment/Nr. Months
CRNA	48
BSN (Francis Marion University Only)	36
RN	24
PHARMACY	48
REHABILITATIVE SERVICES (Physical, Occupational & Speech	Therapists) 48
REHABILITATIVE ASSISTANTS	36
RADIATION THERAPY	36
RESPIRATORY THERAPY	24
SURGICAL TECHNOLOGY	24
MEDICAL LABORATORY TECHNICIAN	24
MEDICAL TECHNOLOGY	24

#### **CONDITIONS (CONT'D)**

- There will be a prorated work-off amount established per month based on the scholarship award amount and the number of commitment months.
- Acceptance of the scholarship does not automatically qualify the recipient for employment at McLeod Health. If the recipient is not employed by McLeod Health following graduation, the scholarship will be repaid by the recipient.
- Failure to complete the Program or termination of employment at McLeod Health for any reason prior to being forgiven the entire amount of the scholarship will cause the scholarship to be in default. Failure to graduate from the Program within one year of the original estimated graduation date will cause the scholarship to be in default.
- In the event of default, the scholarship plus a 15% Default Penalty will be due. It must be paid as follows unless approved by the Scholarship Committee or its designee.
- The scholarship plus the penalty will be due in 60 days.
- The employee's last paycheck may be applied to repay the loan if employed by McLeod Health.

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#### **CURRENT AWARD LIMIT PER PROGRAM/SCHOLARSHIP**

CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)	\$20,000
BACHELORS OF SCIENCE IN NURSING (FMU Only)	\$ 8,000
REGISTERED NURSE (RN)	\$ 5,000
PHARMACY	\$36,000
REHABILITATIVE SERVICES (physical, occupational, & speech therapy)	\$36,000
REHAB (misc. as above) THERAPY ASSISTANT	\$ 7,000
RADIATION THERAPY	\$ 8,000
RESPIRATORY THERAPY	\$ 5,000
SURGICAL TECHNOLOGY	\$ 3,000
MEDICAL LABORATORY TECHNICIAN	\$ 5,000
MEDICAL TECHNOLOGY	\$ 2,500

#### **ONE TIME AWARD**

Scholarship	Award	Qualifications
	Amount	
Bruce Barragan Nursing Scholarship	\$500	McLeod employee in good standing
		Successful evaluation
		GPA required by school
		In final year of RN school
Mozelle Dabney Nursing Scholarship	\$600	• Must have completed 3 <sup>rd</sup> semester at FDTC
		GPA required by school
		Student must submit a letter that includes
		their personal philosophies of nursing and
		tell how those philosophies relate to the
		principles practiced by Mrs. Dabney
		Evaluations from at least three instructors
		are required
Nina Annas Lee Nursing Scholarship –	\$1,000	McLeod Dillon employee
Dillon		GPA required by school
		Enrolled in any accredited healthcare
		program as defined by McLeod.
Angus G. Newton Memorial	\$500	Student must work in MICU
Scholarship		Candidate to be selected by Nursing
		Director and approved by VP
Betty Jo Barnes Nursing	\$500 per	Working Mother from Dillon County
Scholarship	semester for ten	GPA 3.0 or better
	semesters	Automatically awarded for 10 consecutive
		semesters if 3.0 GPA maintained
Richard C. Boyd Memorial Scholarship	\$500	Must be a Radiology Technology Student
(Awarded with consultation by the		at FDTC
Radiology Department)		Must be a rising senior
		Must be ranked in the top half of their class
		GPA required by school

McLeod Health Scholarship McLeod Scholarship

Revised 5/00, 5/02, 12/04. 09/06, 01/07, 10/07, 12/07, 11/08, 02/09, 06/09, 07/09

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Kyra Nettles Memorial Scholarship in	\$1,000	Must be in the MRMC Medical Technology
Medical Technology		program
		GPA required by school
		<ul> <li>Must be interviewed by Department</li> </ul>
		Director & one member of scholarship
		committee
		Must have financial need
		Must live in the Pee Dee
Helen F. Bush Memorial Scholarship	\$500	Must be in the MRMC Medical Technology
(Medical Technology)		program
(Awarded with consultation by the		GPA required by school
Laboratory department)		Must be recommended by head of program
		Must have financial need
Will H. Darby Pharmacy Scholarship	\$1,000	To be used for education of Pharmacy
		Department employees
		GPA required by school

**Note**: These are the currently available programs/scholarships. The availability of scholarships and/or programs can change at any given time.

#### **PAYMENT MECHANISM:**

- 1. The scholarship recipient and the Financial Assistance office of the school will be contacted in writing when the scholarship is approved. This letter will enable the student to register.
- 2. The institution will then submit receipts for these charges to McLeod Health and payment will be made in full to the school.
- 3. The scholarship program coordinator will maintain a current financial account.
- 4. The scholarship recipient is required to submit a current transcript/copy of grades to the scholarship coordinator at the end of each semester.

#### **QUESTIONS AND ANSWERS**

#### WHAT MUST I DO?

- Be enrolled in an approved program at time of application or provide proof of acceptance in such program.
- Attach 3 sealed letters of recommendation.
- A 1-page essay describing your career plans and why you feel you should be awarded a scholarship or tuition reimbursement.
- A resume that includes work history. (Optional)
- Submit completed application form by the announced deadline to McLeod Health.

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If approved for funding, you must submit a copy of your grades and receipts (if applicable) at the end of each semester or course completion. You must receive a passing grade for each course and maintain a GPA as required by the academic institution.

# WHAT DOES MCLEOD MEAN BY A TUITION REIMBURSEMENT AND SCHOLARSHIP PROGRAM?

In essence, you are asking for tuition reimbursement or scholarship funding to help cover the expenses of furthering your education. Your school/community record is your credit rating at McLeod Health. Collateral is your promise to work for McLeod Health for a period of time after graduation.

We make mutual commitments. McLeod provides money to support your education and you agree to work in a budgeted position for a period of at least 12 months <u>after</u> graduation or as stipulated in your educational assistance agreement.

We expect you to work in a position that is appropriate for the degree that you received.

We do not guarantee job placement. You will apply for relevant jobs as they become available. If you are offered a position that is relevant for the degree we help to fund but refuse to accept that position, you will be considered in default of your work agreement and responsible for repayment of any balance of your work agreement plus any interest or default fee due.

#### HOW DOES MCLEOD DECIDE WHO GETS MONEY AND WHO DOESN'T?

The McLeod Health Scholarship Committee makes funding decisions based on strategic staffing needs of McLeod and its Human Resources planning goals. Funding priorities (degrees and positions needed) are approved by Administration. Funding amount is determined by: the number of applicants each year, the need for the degree/position you are pursuing, the caliber and future potential success of the applicants, and the available money in the pool of resources.

In determining whether to approve a request for scholarships, McLeod Scholarship Committee considers the following factors:

- The nature and purpose of the course of study.
- The benefits to be derived by the student and the hospital.
- The level of responsibility, and employability of the student.
- The estimated cost.

\*\* Note: We strictly enforce the deadlines. Letters of acceptance or denial are sent out within 60 days of the application deadline to all applicants.

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#### HOW DO I GET MONEY?

The scholarship recipient and the Financial Assistance office of the school will be contacted in writing when the scholarship is approved. This letter will enable the student to register. The institution will then submit receipts for tuition charges to McLeod Health and payment will be made in full to the school. The scholarship recipient is required to submit a current transcript/copy of grades to the scholarship coordinator at the end of each semester.

# CAN I WORK AT McLeod Health AND STILL BE ELIGIBLE FOR A SCHOLARSHIP?

Yes, scholarships are awarded to employees and non-employees.

# WHAT DO YOU MEAN BY A DEFAULT OF MY WORK AGREEMENT? We consider you in default of your agreement if:

- Failure to complete the Program or termination of employment at McLeod Health for any reason prior to being forgiven the entire amount of the scholarship will cause the scholarship to be in default. Failure to graduate from the Program within one year of the original estimated graduation date will cause the scholarship to be in default.
- In the event of default, the scholarship plus a 15% Default Penalty will be due. It must be paid as follows unless approved by the Vice President of Human Resources, Education and Training.
- The scholarship plus the penalty will be due in 60 days.
- The employee's last paycheck may be applied to repay the loan if employed by McLeod Health.

# IF I DEFAULT ON THE AGREEMENT BUT STILL WORK HERE, CAN I PAY THROUGH PAYROLL DEDUCTION?

Yes, however, you must make financial arrangements with McLeod Health's Pee Dee Medical Collections Services and they will coordinate it through payroll.

# WHAT IF I LEAVE AND HAVE PARTIALLY FULFILLED MY POST GRADUATION COMMITMENT?

Your Education and Financial Partnership funding is forgiven by months worked post graduation. In the event of default, the scholarship plus a 15% Default Penalty will be due of the remaining amount yet not worked. It must be paid as follows unless approved by the Scholarship Committee or its designee.

- The scholarship plus the penalty will be due in 60 days.
- The employee's last paycheck may be applied to repay the loan.

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#### WHAT IF MY JOB IS ELIMINATED?

If, after you have finished school and if you have been hired by McLeod Health, and if your job is eliminated and we offer you a position **for which you are qualified**, either by your education or experience, and you choose not to accept it you must repay the amount funded.

If we do not have another job for which you qualify, your work agreement may be forgiven.

#### WHAT HAPPENS IF I CAN'T ATTEND SCHOOL AS EXPECTED?

You must send a letter telling us the reasons for not attending school and your plans for returning to school. If you do not return to school within 1 semester, we will require repayment in full of any funds already paid.

#### WHY DO YOU NEED TO KNOW WHEN I GRADUATE?

We need to know when you graduate so we can begin to track your work commitment.

#### STILL HAVE QUESTIONS?

Call McLeod Health Human Resources Scholarship Coordinator at 843-777-5583.

	TUITION REIMBURSEMENT,	Scholarship
What?	SCHOLARSHIP AND	(For External Applicants)
	CONTINUING JOB RELATED	
	EDUCATION	
	(For McLeod Employees)	
****		
Who?	Current Employee	Potential future employees;
	Must have completed	may have worked as a student,
	Introductory Period; Successful	temporary, or contractor, but
	Performance Rating;	are not classified as an
	Application Packet	employee.
<b>How Much?</b>	Defined on written agreement	Defined on written agreement
Work	Defined on written agreement.	Defined on written agreement.
Agreement?		
Covered	Degree programs, Certification	Degree programs, Certification
Study	programs	programs
Why?	Retention	Recruitment



### **Scholarship Application**

**PURPOSE:** To provide financial assistance for qualified students actively enrolled in an accredited health care

related program approved by McLeod Health.

**POLICY:** The scholarship is available for tuition in the amount that is outlined for that particular program.

#### **QUALIFICATION CRITERIA:**

- 1. Applicant must be actively enrolled in or accepted in one of the programs listed below.
- 2. A scholarship application must be completed and submitted to McLeod Health Human Resources Department. The application must include the financial information, references, and personal statement.

#### **PROCESS:**

- 1. The applicant must complete and return the scholarship application along with the following information:
  - A. Official transcript from college
  - B. Provide proof of acceptance or enrollment in an approved program
  - C. Three (3) sealed letters of recommendation
  - D. Statement of interest telling why you feel you should be awarded the McLeod scholarship
- 2. The applicant must return all requested information to receive scholarship consideration.
- 3. Once all of the required information is received, a McLeod Health Human Resources representative will contact you for an interview.

#### **DEADLINE TO SUBMIT APPLICATION**

Fall Semester June 1
Winter/Spring Semester October 1
Summer Semester April 1

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555 East Cheves Street • Florence, South Carolina, 29506-2606

P.O. Box 100551 • Florence, South Carolina 29501-0551

	List (be specific) the	scholarship you are app	olying for		
	<u>A</u> p	plicant Data			
Full Name					
	Last	First		Mi	ddle
Address	Number and Street	City		State	 Zip
Home Phone	Cell Phone		E-Mail Address_		
Social Security Numb	per:				
	of the college you will be attending:				
lease state the name	of the conege you will be attending				
rojected graduation	date:				
lease circle below w	rhich campus you would be interested i	n working:			
McLeod Me	gional Medical Center edical Center - Darlington edical Center - Dillon				
otal number of hour	s you are planning to take during the ac	cademic year:			
	nester: \$ Fees: \$	S	_ ( <b>Note</b> : books	are <b>NOT</b> in	icluded)
	grant money/scholarship you will be re	eceiving:			
	Educ	eational Record			
chool	Name and Location of School	Years Completed	Degree Conferred	GPA	Major
High School					
College					
Other					
irner		1			

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#### **Employment History**

Name of Employer		
Address		
Number and Street	City	State Zip
Supervisor Phon	ne # May	we contact?
Reason for leaving		
Starting Date Ending Date	Starting Pay	Ending Pay
Starting Position	Ending Position	
Summarize your duties and nature of work performed	l	
<u>N</u>	Next Previous Employer	
Name of Employer		
Address		
Number and Street	City	State Zip
Supervisor Phon	·	
Reason for leaving		
Starting Date Ending Date	Starting Pay	Ending Pay
Starting Position	Ending Position	
List information indicated below of three business/wo school or personal references. Do not list references y	<u> </u>	e three business/work references, list three
Name		
Address		
Name	Occupation	
Address		Phone #
Name		
Address		
I hereby state that the information given by me in this a scholarship and the information on this application i monies received as a result of this application. I also a officials, persons named as references, and others unleas a result of such contact.	is found to be false in any respect authorize McLeod Health to com	t, I will be subject to full repayment of any municate with previous employers, schoo
Signature of Applicant		Date of Application