



OSF Saint Anthony Medical Center is making available educational bonus opportunities for college students enrolled in any qualifying professional healthcare career post-secondary education, which may include:

- Registered Nursing
- Physical Therapist
- Pharmacist
- Clinical Laboratory Scientist
- Histotechnologist
- Nuclear Medicine Tech
- Ultrasound Tech

Students must be in their final four semesters of their studies and must submit their application along with other requirements before the application deadline in order to be eligible. Awards will be paid out after receipt of the student's final grade report for the semester the educational bonus was awarded. Each award requires a one-year work commitment in the designated professional role at OSF Saint Anthony Medical Center. A student may apply to renew their award (if they continue to meet the requirements) for up to a total of 4 awards. The award is intended to assist the student with expenses related to attending school. The assistance is considered taxable by the IRS on distribution to the student.

To be considered for this selection as an OSF award recipient, the following must be completed timely:

1. Complete the Application form
2. Attach complete work/education history in Resume form, to include a list of previous employers, position held, duties and dates of employment.
3. Obtain two (2) letters of reference: one each from an instructor and employer, using the attached reference form.
4. Attach a short essay telling why you have chosen this career. Include a statement as to why you would like to be selected for employment with OSF Saint Anthony Medical Center. Applicant should include an essay and resume which would address their accomplishments in the following types of categories:

- Educational Performance
- Experience (Paid or Unpaid Work)
- OSF / SAMC Mission
- Leadership / Teamwork
- Communication Skills
- Service Orientation
- Critical Thinking / Problem Solving
- Education - Completion Level
- Volunteer Activity
- Education - GPA (Included in Cover Sheet)

5. Send the above information to:  
OSF Saint Anthony Medical Center, c/o Human Resources- Recruitment,  
5510 East State Street, Rockford, IL 61108

Applicants will be contacted for interviews and may be required to complete job shadowing assignments. Recipients will be notified of their acceptance or denial by mail/e-mail. For further information call OSF Saint Anthony Medical Center recruitment at (815)395-5306.



**OSF**<sup>SM</sup>  
SAINT ANTHONY MEDICAL CENTER

## Contingent Education Bonus Application

Name \_\_\_\_\_

Home Street Address \_\_\_\_\_

City/State \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Major/Degree \_\_\_\_\_

College Name \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_ Current GPA \_\_\_\_\_

Have you received our Educational Bonus before? Yes / No

<b>Semester</b>	<b>Application Deadline:</b>	<b>Award Notification Date:</b>
Fall	June 1st	July 15th
Spring	Nov 1st	Dec 15th

*I understand that I must be in the final four semesters of my educational program in order to be eligible to apply. Further, I understand that if I am chosen to receive educational bonus funding, I will be required to comply with conditions in the Education-Employment Agreement. I acknowledge that all of the information that I am providing is true and correct.*

\_\_\_\_\_  
Signature Date

Mail with other requirements to:  
OSF Saint Anthony Medical Center  
c/o Human Resources Recruitment  
5510 East State Street, Rockford, IL 61108



The following individual is applying for a scholarship with OSF Saint Anthony Medical Center:

\_\_\_\_\_ Degree/Major: \_\_\_\_\_  
(firstname, mi, lastname)

Dates of employment/college attendance: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Candidate's other former last names at this institution: n/a or \_\_\_\_\_

Please address your knowledge of their accomplishments in the following types of categories:

	Satisfactory	Unsatisfactory	Comments
Attendance/Punctuality			
Educational Performance			
Experience (Paid or Unpaid Work)			
OSF / SAMC Mission			
Leadership / Teamwork			
Communication Skills			
Service Orientation			
Critical Thinking / Problem Solving			
Volunteer Activity			

Is there any reason that, at this point, OSF Saint Anthony Medical Center should **NOT** consider this candidate for employment in the above profession upon graduation?

No            Yes (please explain):

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Person supplying reference: \_\_\_\_\_ Title: \_\_\_\_\_



## CONTINGENT EDUCATIONAL BONUS AGREEMENT

I, \_\_\_\_\_, in consideration for a contingent bonus of \_\_\_\_\_ and 00/100 DOLLARS (\$\_\_\_\_\_.00), payable by OSF Saint Anthony Medical Center (the "Facility"), agree as follows:

(1) Any amounts paid to me under this Agreement will be immediately taxable as wages paid by the Facility to me, and will be reported as such on a Form W-2 issued by the Facility to me, regardless of whether I am an employee of the Facility at the time such payments are made. I understand that appropriate state and federal income tax and payroll tax withholdings will be deducted from the amount of the contingent bonus at the time it is paid.

(2) The following contingencies apply to the bonus:

(a) If I fail to become employed by the Facility as a \_\_\_\_\_ ("Specified Health Care Professional") within 60 days after completing a degree program in \_\_\_\_\_ (the "Program"), I will pay to the Facility the gross amount (calculated before any withholding taxes taken from such gross amount) paid to me under this Agreement.

(b) If, after becoming employed by the Facility and, if applicable, the completion of the Facility's orientation program) as a Specified Health Care Professional, my employment with the Facility terminates **for any reason** prior to the completion of a period of employment of \_\_\_\_\_ (the "Period of Employment"), I will pay to the Facility the gross amount (calculated before any withholding taxes taken from such gross amount) paid to me under this Agreement.

(3) Any amounts payable by me to the Facility under paragraph (2) of this Agreement will become immediately due and payable upon the first to occur of the following: (i) my completion of the Program without becoming employed by the Facility within 60 days thereafter; and (ii) termination of my employment with the Facility prior to the completion of the Period of Employment. Should I become employed by the Facility and then terminate employment, I consent to have the Facility deduct from any amounts payable to me upon the termination of my employment any amounts payable by me to the Facility under paragraph (2) of this Agreement.

(4) If the sum of all amounts payable to me upon the termination of my employment with the Facility is less than any amounts payable by me to the Facility under paragraph (2) of this Agreement, I will pay the difference to the Facility. If I fail to make full payment to the Facility within thirty days after termination of employment, I will pay costs and reasonable attorneys' fees incurred by the Facility in collecting the repayment from me.

(5) If the Facility or OSF Healthcare System cannot offer me employment as a Specified Health Care Professional for any reason, my obligation to pay to the Facility all amounts that I have received under this Agreement, such obligation as is set forth in paragraph (2) of this Agreement, may be waived by the Facility, in its sole and absolute discretion.

(6) If I complete the Period of Employment with the Facility as a Specified Health Care Professional after completing the Program, I will have no obligation to repay any amounts received by me under this Agreement.



**OSF**<sup>SM</sup>  
HEALTHCARE

**CONTINGENT EDUCATIONAL BONUS AGREEMENT (CON'T.)**

(7) If I am required to pay any amounts to the Facility, as set forth in paragraph (2) of this Agreement, and actually do pay such amounts to the Facility, I may be entitled to claim a refund from the appropriate governmental taxing body (and not from the Facility or from OSF Healthcare System) for taxes withheld and paid on the amounts I had previously received under this Agreement. I will consult my own personal tax adviser with respect to any state or federal tax consequences that result from my payment of such amounts to the Facility. I understand that the Facility is not guaranteeing any particular tax outcome.

(8) During the course of my employment with the Facility, I will be expected to comply with all policies, rules and regulations that apply to similarly situated Facility employees and I will support the Mission of the Facility.

(9) Nothing in this Agreement creates or establishes a contract of employment, a fixed duration of employment, or an employment relationship other than at will.

_____	<b>OSF</b> _____
Signed: _____	Signed: _____
Date: _____	By: _____
Social Security #: _____	Title: _____
OSF Empl ID (only if current employee): _____	Date: _____

To Be Filled Out By Human Resources:

Orientation Completion Date: \_\_\_\_\_