

## **Colorado Nursing Scholarship Exit Letter**

This letter focuses on the contractual agreement entered into by the undersigned nursing student and the Colorado Commission on Higher Education (CCHE), regarding the terms that must be met to comply with the student's contract.

The student shall, within six months after completing his/her nursing degree/certificate begin the practice of nursing within the State of Colorado. If the student engages in further studies to obtain another nursing degree, then he/she shall begin practice within the state six months after that degree. If for causes beyond the student's control, as deemed sufficient by the CCHE Executive Director or his/her designee, he/she is unable to begin the practice of his/her profession after completing the degree or certificate, then he/she shall request a grace period for a limited period of time. A student is responsible for the number of years of support received regardless of whether he/she obtains a degree in nursing.

"Practice" shall be defined as engaging in the customary activities of the profession of Nursing within the State of Colorado for a minimum of 20 hours per week. The student's indebtedness to the state of Colorado may be discharged in one (or a combination) of the following ways:

- a) For every hour worked as a nurse in a designated shortage area, one dollar of the obligation will be met; for every hour worked in an undesignated area, \$.50 of the obligation will be met.
- b) Payment to the State of all sums received by the student for the scholarship with an interest rate equal to the PLUS loan rate in effect at the time of the first disbursement and reasonable collection fees as determined by the CCHE if deemed necessary.

The student agrees to report a current address and professional practice status each year for as long as his/her obligation continues. In the event the student moves from the State of Colorado or terminates practice in the State of Colorado, he/she shall immediately report said change. In the event of the death of the student during the period of his education or practice, obligation to the state shall cease.

Student's Printed Name and SS#:

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Student's Signature and Date:

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Student's Permanent Address and Phone (or parents if applicable):

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Institution Representative Signature, Title and Date:

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Name of Institution/Phone:

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**Return to: Rita Bechem  
Colorado Commission on Higher Education  
1380 Lawrence Street, #1200  
Denver, CO 80204**

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