

The Research Foundation
Faculty Agreement for Doctoral Study Funding

Date: _____

I, _____ S.S.N.# _____, understand that through its Doctoral Study Funding program, The Research Foundation is offering me the opportunity to advance my career and credentials as a faculty member. I further understand that my acceptance of this offer and my participation in this program is subject to the following conditions, to which I agree:

I understand that I may apply for up to \$5,000 per year for a period not to exceed five (5) years for a total amount of \$25,000. The period of one year may be defined as beginning in the fall, continuing through spring and summer. For each \$5,000 utilized, I understand that I am required to commit to one year of employment as a faculty member in the Greater Kansas City community following completion of the doctorate. I understand that if I do not complete the work agreement, I will repay the loan amount that corresponds with the remaining years of work commitment.

I understand that if I do not complete the doctorate within the timeframe stated by the doctoral program, I will be expected to repay the total amount of the loan. I will complete repayment of the loan amount within twelve (12) months of the last date of the period allocated for completion of the doctorate.

I understand that I may use funding for tuition, books, fees, travel and other expenses associated specifically with doctoral study and approved the nursing program administrator and The Research Foundation. I understand that I may choose to utilize increments of funding for selected portions of my doctoral study; however, I understand that only increments of \$5,000 will be considered.

I understand that I may receive funding yearly if I submit an annual report of coursework completed and a projected plan of study for the next year. This is also contingent upon the determination by the nursing program administrator and The Research Foundation that satisfactory progress is evident. I will sign a promissory note for each year of funding.

Upon completion of the work agreement, the loan will be forgiven, and I will have no further repayment obligation.

I understand this funding may be taxable to me and it is my responsibility to report the taxable amounts on my tax returns, as required by law. The Research Foundation will comply with all tax laws applicable to this program.

My work obligation will begin within one year of completion of the doctoral program and successful defense of the dissertation.

This promissory note is for the fall, spring, and summer semesters during the calendar year of _____. The funding amount is up to **\$5,000.00**.

Name of Faculty Recipient
(please print)

Signature of Faculty Recipient Date

Name of Faculty Witness
(please print)

Signature of Recipient Witness Date

President, The Research Foundation

Date