Virginia Department of Health (VDH)
Office of Health Equity (OHE)
CONTRACT VARIANCE/HARDSHIP REQUEST FORM

	(Check one)
Program: Mary Marshall Nursing Scholarship (MM- CNA/LPN/RN)	☐
Nurse Practitioner/Nurse Midwife Nursing Scholarship (NP/NM)	☐
Nurse Educator Nursing Scholarship (NE)	☐
Physician Assistant Scholarship (PA)	☐

Please complete all fields. **Today's Date:**

Name of Recipient:	*First, Middle, Last, and Maiden*		
Name of Power of Attorney/ Estate (in cases of death or permanent disability):	*First, Middle, Last, and Relationship to recipient*		
Home Address:			
	Street	*City*	*Zip*
Home Phone:		**Cell Phone:**	
Email :			

Date of the circumstance that is preventing the recipient/participant from meeting the requirements of his/her contract:	
Please list any attached documents (ex. medical note, etc.) that support the request:	
Please check one of the following:	
A) Death or Permanent Disability:	
Death of recipient	☐
Permanent Disability of recipient	☐
B) Absence from Service Obligation or Practice Site:	
Illness/Medical Leave/Temporary Disability	☐
Maternity/Paternity/Adoption Leave	☐
Death or Life Threatening Illness of a primary family member/Endangerment situations	☐
Economic Hardship including Unemployment, Bankruptcy, Foreclosure or Divorce	☐
C) Military Absence:	
Called to Active duty/Reserves	☐
Recipient's spouse called to Active duty/ Reserves	☐
D) Pursing an undergraduate or graduate degree in nursing (CNA/LPN/RN only):	
Enrolled in an eligible nursing program	☐
E) Any other purpose:	
	☐

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Please provide a brief description of your Variance or Hardship Request (including contract year, expected graduation date, date service obligation was to begin per contract requirements, any eligible service hours already completed per contract requirements, and the reason for the request including the specific circumstance and applicable dates):

Participant's Printed Name:

Participant's Signature: _____ Date: _____

All requests will be reviewed by the VDH-OHE and sent to the Commissioner for approval if required. Please fax, email or mail Variance/Hardship Request Form to:

Attn: Virginia Incentive Programs, Nursing/Physician Assistant

Virginia Department of Health, Office of Health Equity

109 Governor Street, Suite 714 West

Richmond, VA 23219

Phone: 804.864.7431 Fax: 804.864.7440

Email: incentiveprograms@vdh.virginia.gov