



## **Post-Scholarship Employment Agreement**

In consideration for my selection to receive the benefits of the Co-Mo Connect Powered by Electric Cooperative scholarship program established with State Technical College of Missouri at Linn, Missouri, I agree to the following:

Upon my successful completion of the Electrical Distribution Systems Technical Training program I will accept full-time employment offered by the Cooperative and diligently perform assigned work for a minimum period of five (5) uninterrupted years. My starting wages, benefits, and other conditions of employment will be the same as that of a 1<sup>st</sup> year Apprentice Lineman.

I understand that the Cooperative's decision to offer or to not offer employment will be totally within the Cooperative's discretion and that it is not required to justify that decision to me. If I refuse to accept employment offered by the Cooperative, I agree that within six (6) months I will reimburse the Cooperative for all amounts expended to finance my education at State Technical College of Missouri.

I further understand that if I do not complete five (5) years of service with the Cooperative for reasons other than medical disability or non-voluntary reduction in work force, I will be obligated to reimburse the Cooperative a prorated portion of the scholarship funds expended based on the number of months remaining in my term of employment according to the following schedule:

- Within the 1<sup>st</sup> year of employment (1-12 months): the employee shall pay back to Co-Mo Electric Cooperative the full amount of the scholarship funds paid by the Cooperative
- Within the 2<sup>nd</sup> year of employment (13 -24 months): 80% pay back
- Within the 3<sup>rd</sup> year of employment (25-36 months): 60% pay back
- Within the 4<sup>th</sup> year of employment (37 – 48 months): 40% pay back
- Within the 5<sup>th</sup> year of employment (49 – 60 months): 20% pay back

I affirm that I enter this Agreement freely and without reservation, that I am of legal age, and that I have been offered the opportunity to review this Agreement with legal counsel, parents, or other advisors without prejudice to my selection as a scholarship recipient.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

SSN: \_\_\_\_\_