



Family First Health
FFH Community Scholars Agreement

I have read the FFH Community Scholars Process and understand and agree to the following:

If I voluntarily resign or I am terminated for cause less than one year after receiving FFH Community Scholars payment, I am obligated to repay any and all monies in full. If I voluntarily resign or I am terminated for cause within two years after FFH Community Scholars payment has been received, I am obligated to repay 50% of all monies. Any amounts owed will be deducted from my final paycheck(s), if additional monies are due, full payment will be made within 90 days of the last day of employment.

I am responsible for handling all administrative tasks relating to the course (i.e., registering, purchasing books, etc.).

I authorize Family First Health to deduct all monies owed under this agreement if I am obligated to repay Family First Health. I agree to pay Family First Health all monies under the contract within 90 days of the last day of employment.

Termination for cause is defined as the employer ending employment with the employee due to poor job performance; the employee failing to meet that standard of performance set by the organization or violation of company policy.

I agree to pay all reasonable costs, including attorney fees and expenses, if Family First Health takes any action to pursue repayment of the tuition reimbursement under this policy and agreement.

Employee/Student Signature: _____

Employee/Student Name (Print): _____

Date: _____