



Educational Support Application and Repayment Agreement

Instructions: An associate who seeks educational support pursuant to Bimbo Bakeries USA, Inc.'s (the "Company") Educational Support Policy must submit this completed Application and Repayment Agreement ("Application") to HRBenefitSolutions@grupobimbo.com to be eligible for reimbursement. A completed application must be received and approved by the Company prior to the associate beginning the program of study.

Please note:

- Use this form for Degree Program Pre-Approval.
- This form needs to be completed only once for each degree program.
- This form is not for Continuing Education courses.

Section I – Associate Information (to be completed by Associate)

Associate Name:		Date:	
Job Title:		Associate ID:	
Department:			
Degree Program:			
College:			
Check the Degree Type:	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		
Anticipated Date of Graduation			

Section II – Program of Study (Major) and Taxability Information

Program of Study (Major): _____

Please provide an explanation of how the program of study is related to your current job:

I understand that if I am in a degree program, this Application applies to all courses taken at this school toward this degree. I will submit a new Application if I begin a new job at Bimbo Bakeries USA, switch departments, change my emphasis, change schools, or take courses at a school different than the one listed above. I understand that courses taken as audit or that earn Continuing Education are not covered by the Educational Support Policy.

Section III – Educational Support Repayment Agreement

In consideration for receipt of tuition reimbursement from the Company and in accordance with the Educational Support Policy, I understand that if I resign employment or my employment is terminated for cause, I will be required to repay to the Company the tuition reimbursement I received within the 12-month period immediately preceding my separation from employment (the "Repayment Amount").

With the signing of this form I authorize the Company to deduct from my final pay check any Repayment Amount owed at the time of my separation from employment, as permitted by law.

I understand that neither this Application nor the Educational Support Policy creates a contract of employment. My employment with the Company is at will and the Company or I can terminate my employment at any time with or without cause and with or without notice.

By signing below, I acknowledge that I have had an opportunity to review the terms of Educational Support Application and Repayment Agreement as well as the Educational Support Policy prior to signing.

Associate Signature: _____ **Date:** _____

Section IV – Confirmation of Receipt by Company Representative

Manager
Signature: _____

HR Manager
Signature: _____