



THE BENEFIT OF EDUCATION!

At U.S. Xpress Enterprises, Inc., we believe in the value of education. While you may not need a college degree to drive a truck, you may want one, and we want to make it possible for you and for your family to achieve that goal without going into debt through the U.S. Xpress Full Ride College Funding Program! U.S. Xpress, Inc. (the "Company" or "USX") has partnered with Ashford University, an accredited on-line university, to offer all full-time, first seat drivers employed by USX the opportunity to obtain a bachelor's or master's degree on-line while employed by the Company. And, because we know it is important to you to take care of your family, we will also pay for your dependent children to attend Ashford University and work toward a bachelor's or master's degree while you are driving for us!

WHO IS ELIGIBLE?

- First seat, full-time, active employee drivers for USX. (Drivers participating in the Finishing Program become eligible upon upgrade.)
- Dependent children of full-time, first seat, employee drivers of USX who are 17-26 years old at the start of each class. (Spouses are not eligible to participate.)
- All participants must have a high school diploma or GED.
- Independent Contractors are not eligible for this employee benefit.

WHAT IS COVERED?

- Tuition for up to ten (10) on-line undergraduate or eight (8) on-line master's level courses per 12-month period at Ashford University for each participant.
- Fees charged by Ashford University, including assessment, technical, and graduation fees.
- Required books, instructional materials, and digital materials for each course.
- At any given time, the Program will pay the above for (i) you and one dependent child, or (ii) two dependent children. There is no limit to the number of your dependent children that can ultimately participate in the Program over time.
- There is no time limit for getting your degree. The Program will pay for you and/or your eligible children to continue your education at Ashford University as long as the Program remains in effect and you remain a full-time, employee driver for USX.

WHAT ARE MY OBLIGATIONS?

You are not required to pay anything up front out of your pocket or seek reimbursement. Rather, the Company will pay all eligible costs directly to Ashford University on your behalf. You will need to provide your own computer and access to the internet in order to take the on-line classes. Your only other obligation is to remain working full-time as an employee, first seat driver for USX during the time the Company is paying tuition for you or your eligible child. In the event you cease working as a full-time, employee driver for USX, you and your dependent children will immediately cease to be eligible for the Program, and the Company will make no further payments toward your education. If you cease working for USX before completing a course in which you have enrolled, you will be withdrawn from the



Program, and the Program will not pay for the costs or expenses of the course. You must be an active employee at the time of any payment.

While the Company hopes that you will remain with us for many years to come, there is no requirement that you stay after completing your courses. However, if you leave the employment of USX prior to obtaining your degree or prior to your dependent children obtaining their degrees, the Company will have no further financial responsibility for your education.

YOUR COMMITMENT:

By signing below, I am agreeing to participate in the U.S. Xpress Full Ride College Funding Program (the "Program"). Pursuant to the Company's agreement with Ashford University and pursuant to the terms of the Program, I acknowledge that the Program will pay directly to Ashford University my eligible education costs and/or those of my eligible dependent children, including tuition, fees, books, and course materials.

I acknowledge that the Company's payment of educational costs for me and/or my dependent children is a voluntary employee benefit and is taxable to me. All amounts paid by the Company for my benefit or that of my dependents will be reported to the Internal Revenue Service and any state or local taxing agencies as income to me, and I am responsible for all income taxes on such benefit.

I agree that my participation in the Program, as well as the participation of my dependent children, is dependent upon my continuous full-time employment as a truck driver for USX. Should I cease to work as a full-time, employee truck driver for USX for any reason, whether through my choice or not, I acknowledge that the Company will cease to make any further payments on my behalf or on the behalf of my dependent children and will have no further obligation to assist me or my dependent children with education costs. I acknowledge that I have no obligation to remain in the Program and that I and/or my dependent children may cease to participate at any time. I further acknowledge that the Company has the right to amend or terminate the Full Ride Program at any time, at its sole discretion and without notice to me.

Nothing herein shall give me any legal or contractual right to employment with USX or to the benefits described in the Program. Neither USX nor Ashford University shall have any liability to me or to my dependents in the event the Program is terminated or amended or the Company determines that I or my dependents are no longer eligible for benefits thereunder.

In consideration of my participation in the Program, I hereby consent to the use of my name, voice, and/or likeness, or that of my minor participating child, by U.S. Xpress Enterprises, Inc., U.S. Xpress, Inc., Ashford University, and their respective promotional agents in any promotional materials.

Employee Signature

Employee ID #

Employee Name (Printed)

Date



FOR PARTICIPATING DEPENDENT CHILD (AGE 17 - 26)

U.S. Xpress, Inc. (the "Company" or "USX") has partnered with Ashford University, an accredited on-line university, to offer dependent children (ages 17-26) of all full-time, first seat drivers employed by USX the opportunity to obtain a bachelor's or master's degree on-line while their parent is employed by the Company.

By signing below, I am agreeing to participate in the U.S. Xpress Full Ride College Funding Program (the "Program"). Pursuant to the Company's agreement with Ashford University and to the terms of the Program, I acknowledge that the Program will pay directly to Ashford University my eligible education costs, including tuition, fees, books, and course materials. I acknowledge that I must be between the ages of 17 and 26 at the time that I begin a particular class in order to be eligible for the Program.

I acknowledge that my participation in the Program is dependent upon the continued full-time employment of my parent as a driver for USX. Should my parent cease to work as a full-time, employee truck driver for USX for any reason, whether through their choice or not, I acknowledge that I will be withdrawn from the Program, and the Company will cease to make any further payments on my behalf and will have no further obligation to assist me with education costs. I acknowledge that I have no obligation to remain in the Program and that I may cease to participate at any time.

I further acknowledge that the Company has the right to amend or terminate the Program at any time, at its sole discretion and without notice to me or to my parent. Nothing herein shall give me any legal or contractual right with USX or to the benefits described in the Program.

In consideration of my participation in the Program, I hereby consent to the use of my name, voice, and/or likeness by U.S. Xpress Enterprises, Inc., U.S. Xpress, Inc., Ashford University, and their respective promotional agents in any promotional materials.

Signature of Dependent Child (or if Child is under 18, Signature of Parent)

Printed Name of Employee Driver

Printed Name of Dependent Child

Date



Corporate Full Tuition Grant Acknowledgement, Waiver, and Release

Revised 6/6/2018

Applicant/Student Information (Required)

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Identifier (Date of Birth or Ashford Student ID): _____ Employer: _____

Academic Program: _____ Estimated Start Date (if applicable): _____

Disclosure and Waiver (Required)

This document is intended to inform you (the student) of certain important conditions of the Corporate Full Tuition Grant ("CFTG") offered to you by your Employer and Ashford University. If you choose to participate in the CFTG, your signature on this form acknowledges your agreement with all of the terms and conditions of the CFTG.

This grant is intended to help students avoid educational loan debt by funding a recipient's direct education-related costs. Direct education-related costs are tuition for all eligible courses (limited to two repeated courses), Technology Fee (per course), course materials, instructional materials, graduation fee, and Prior Learning Assessment Fees. If both electronic and hard copy course materials are available for the same course, the CFTG program will only fund the electronic course materials, and if a student chooses to receive hard copy course materials, the student will be responsible to pay the difference in price and shipping costs.

Students are still responsible for expenses outside of those paid by the CFTG, including but not limited to transcript fees and living expenses. See the Corporate Full Tuition Grant Payment Option Breakdown form for more details on what fees are paid by the CFTG. The Corporate Full Tuition Grant Agreement between your Employer and Ashford University will provide a 100% payment of your direct education-related costs associated with your program of study for any approved consecutive 12-month period. The CFTG funds up to ten (10) undergraduate or eight (8) graduate courses per 12-month period; however, Ashford University does not guarantee that you will be able to take this maximum amount of coursework in any given 12-month period.

One important condition of the CFTG is that you agree **not** to receive any federal student financial aid (such as, Pell Grant and Direct Loans) while participating in the CFTG for any education related expense. **The choice to receive federal student financial aid or the CFTG is completely optional.** You may apply for federal student financial aid before you agree to this condition or at any point during your enrollment and Ashford University will assist you with the application process. However, if you choose to receive federal student financial aid, you will become ineligible for the CFTG. Should you choose to receive federal student financial aid during the CFTG grant period, your participation in the CFTG program will automatically end and you are responsible for any and all charges incurred for future courses outside of the CFTG. Loss of eligibility for the CFTG will be effective at the end of your current course.

Students who are currently receiving federal student financial aid are ineligible to start utilizing the CFTG program until the end of the current payment period and after any existing balance is resolved. Any future federal student financial aid disbursements will be canceled at your direction upon acceptance of the CFTG. To cancel your future payments, please contact the Financial Aid Office.

An additional condition of the CFTG is that you maintain Satisfactory Academic Progress in your program of study. Receipt of an unsuccessful grade (defined as an "F," "WF," "W," or for General Education Competency courses, below a "C-"), may necessitate your CFTG eligibility being reviewed by the CFTG Review Committee. The CFTG program will pay for up to two (2) repeat courses over your entire program of study. Students who receive more than two (2) unsuccessful grades during their course of study will lose eligibility for the CFTG. Concurrent enrollment, defined as more than one class in each 5 (undergrad) or 6 (graduate) week period, is not allowed for CFTG recipients unless pre-approved by the Corporate Full Tuition Grant Review Committee.

In order to maintain CFTG benefits, you must not (1) lose employment with your current Employer, (2) fail to follow your Employer's requirements, (3) **fail to submit documentation of tuition assistance eligibility or payment from your Employer**, (4) withdraw or be dismissed from Ashford University, and (5) take a break from enrollment of greater than 14 days without an approved Academic Leave Request. As a CFTG recipient, you must comply with the terms set forth in your enrollment agreement, CFTG eligibility forms, and all applicable Ashford University policies.

Please review and initial the following:

1. _____ I have been advised of the availability of funding under the federal student financial aid programs to assist in paying my educational expenses, including my tuition, fees, and living expenses, and of other financial aid resources available to me, including but not limited to the CFTG Payment Option, through the Ashford University Financial Aid Office.
2. _____ I have completed the Net Price Calculator (<https://ashford.studentaidcalculator.com/survey.aspx>) and the CFTG Payment Option Breakdown form and have reviewed, considered, and understand the results and what they mean for my financial aid options.
3. _____ I choose to receive the Corporate Full Tuition Grant and agree not to receive federal student aid funds at this time.
4. _____ If at any time I decide to receive federal student financial aid, Ashford will assist me with the application process. I understand I will automatically lose my eligibility for the CFTG, and I will be responsible for any and all charges incurred outside of the CFTG period. Loss of eligibility will be effective at the end of my current course.
5. _____ I understand that my employer may have requirements that I must abide by in order to continue to receive my CFTG benefits.
6. _____ I understand that if I fail to meet the requirements for CFTG then I will personally be responsible for the direct education related costs.

By signing this Disclosure and Waiver Section, I agree to the above.

Student Signature: _____ Date: _____

Credit Card Terms & Conditions (Required)

To qualify for the CFTG program, **if you receive reimbursement directly from your employer**, you must submit a signed Full Tuition Grant Student Credit Card Payment Authorization form with a valid credit card number (debit cards are not allowed unless endorsed by Visa or MasterCard) and your authorization to charge your card. Tuition payment, excluding fees, will be deferred a maximum of 45 days from each valid course grade posting. This deferral is to give you ample time to follow your company's policy for reimbursement and send your company's payment to Ashford University. If Ashford University has not received payment for the course, your credit card will be automatically charged 60 days after each valid course grade posts for tuition not to exceed the employer contribution for the CFTG year. The terms and conditions of payment deferral under this CFTG program are not contingent upon reimbursement by your employer, it is your responsibility to adhere to all of your employer's tuition reimbursement policies and procedures to ensure you receive full tuition assistance funding from your employer.

By signing this Credit Card Terms and Conditions Section, I agree to the above.

Student Signature: _____ Date: _____

Admissibility Acknowledgement (Required)

For Applicant/Student

I, _____, (applicant/student) certify by endorsing this form that I am eligible for the Corporate Full Tuition Grant ("CFTG") and have been approved by _____ to receive the maximum tuition assistance amount per year of \$_____, which qualifies me as eligible for the CFTG starting on _____ (date).

I understand that if for any reason I do not receive the full tuition assistance amount detailed above during any 12- month CFTG period, my eligibility for the program will be lost and another payment option will be required. I also understand and agree to my roles and responsibilities outlined in the [Corporate Full Tuition Grant policy](#), this Corporate Full Tuition Grant Acknowledgement (“Agreement”), and the Corporate Full Tuition Grant Disclosure and Waiver.

By executing this Agreement, you are entering into a contract that is binding. The purpose of this Agreement is to set forth the scope of engagement as a recipient of CFTG, to confirm that you and Ashford University are in mutual agreement about the scope of our engagement, to set forth the financial arrangement, and to verify your approval of these financial arrangements.

Eligibility Requirements and Acknowledgement (Required)

Students will receive the benefits outlined in the Corporate Full Tuition Grant Agreement between Ashford University and the Employer after meeting all of the requirements outlined below:

1. Be currently employed by the Employer, or by an employer whose tuition assistance benefit is administered by the Employer, at the time of application to Ashford University and maintain that employment during the time covered by CFTG.
2. Apply and be accepted into an Employer approved program of study at Ashford University.
3. Print, sign, date, and submit a copy of this Agreement (this form) and all other required supporting documents with your application for admission.
4. Submit, on an annual basis, a signed Corporate Full Tuition Grant Disclosure and Waiver form (waiver of receipt of federal student aid program funds).

Any of the following circumstances may result in the loss of CFTG benefit eligibility:

- a. Loss of employment with Employer
- b. Failure to meet Employer’s requirements
- c. Failure to submit documentation of tuition assistance eligibility or payment from Employer
- d. Withdrawal/dismissal from Ashford University
- e. Break in enrollment of greater than 14 days without an approved Academic Leave Request
- f. Receiving any form of federal student financial aid funding (such as Pell Grant and Direct Loans) for any education related expenses while participating in CFTG
- g. More than two (2) unsuccessful grades (defined as an “F,” “WF,” “W,” or for General Education Competency courses, below a “C-”)
- h. Failure to meet Satisfactory Academic Progress during the course of the program or violating Ashford University policies outlined in the [Ashford University Academic Catalog](#)
- i. [Successfully complete degree program \(continuation will require a new application\).](#)

I understand that I am not responsible for any direct education-related costs while utilizing CFTG; therefore, I cannot pay for any of these costs with any funds other than what is reimbursed to me from my Employer. I further understand that I will not be permitted to make payments if this Agreement or employer payment verification (if requested) is not on file and approved. I understand that all invoices will be due forty-five (45) to one hundred twenty (120) days from the course start date.

Furthermore, I understand that this Agreement includes the terms of my grant from Ashford University and my responsibilities to maintain CFTG eligibility, even if my employer’s tuition reimbursement form contains terms that are different. I also understand that I am financially responsible for any and all charges incurred outside of the CFTG period in the event that I cease to be eligible. Loss of eligibility will be effective at the end of the student’s current course once Ashford University is notified or aware of the student’s loss of eligibility.

By signing this Admissibility Acknowledgement, and Eligibility Requirements and Acknowledgement Section, I agree to the above.

Student Signature: _____ Date: _____

Printed Student Name: _____ Date: _____

Authorization to Release Student Records to Employer (Required)

This form is used to give third party organization(s) permission to **verbally speak** to, and receive transmission of academic and financial student account-related information (detailed below) from Ashford University regarding your records, as needed for the purpose of administering the Corporate Full Tuition Grant (CFTG) program between Ashford University, your employer, and any organization authorized by your employer to administer its tuition assistance offering.

In order to enable administration of the Corporate Full Tuition Grant (CFTG), when you sign this Authorization to Release Student Records to Third Party Organizations, you are authorizing Ashford University to communicate (both verbally and in writing) with any third party organizations you name below, as well as any contractors used by that third party organization to administer and process the Corporate Full Tuition Grant.

Third Party Organization Information

Please provide the following information for your third party organization:

Name: _____

Phone Number: _____

Purpose of Release: To allow the communication necessary between Ashford University, your employer, and any of its third party administrators that help manage the CFTG program.

Releasing information to third party organizations rather than an individual will allow all individuals in those organizations to speak to or receive transmission of your records from Ashford University.

The student information submitted to the third party organization by the University is confidential information and shall be used only for the purposes stated in this agreement. The third party organization agrees not to share or disclose this data with any third-party outside of the purposes stated in this agreement, unless required to do so by law or other agency regulations. Failure to comply with the requirement not to release information, except for the sole purpose stated above, will result in cancellation of this agreement and the eligibility for the third party organization to receive any student information from the University.

Information to be Released

Personal – Personal information, including, but not limited to Employer and/or Agency name, CFTG document status(es), full name, Student ID, and break status(es).

Financial – Billing related information, including, but not limited to financial aid information, account balances, account statements, outstanding payments due, CFTG balances, and scheduled grant payments.

Academic – Academic related information, including, but not limited to grades received, credits attempted and earned, Grade Point Average (GPA), unsuccessful grade information, student status, program, start date, course names, and periods of attendance.

Authorization

In accordance with The Family Educational Rights and Privacy Act (FERPA) of 1974, Ashford University will only disclose confidential information from the educational records of students to third parties if the University has written consent from the student on file. Please sign below to advise the Office of the Registrar that you consent for the University to communicate with the third party organization you named, and any contractor authorized by the third party organization, including relevant portions of your educational record that may be necessary to administer the CFTG grant. *Please Note: The authorization that you provide by submitting this form will remain valid unless specifically revoked by you via a separately signed Revoke Authorization to Release Student Records form.*

I consent that Ashford University may disclose confidential information from my educational record to the third party organization listed above, including any contractor authorized by the third party organization.

By signing below, this form will serve as my written consent until revoked, and will be sent to the appropriate department for processing.

Student Signature: _____ Date: _____

Representative Acknowledgement (Not required if Agency Voucher or Letter of Credit is provided)

_____ authorizes the above employee as eligible for the CFTG. The maximum dollar amount of \$_____, is available to the student for each 12- month period starting on _____ (date) as long as student (1) continues to meet Employer's eligibility requirements, (2) has not yet completed her or his degree (continuation will require a new application), and (3) does not elect to discontinue participation in the CFTG program.

I certify that I am a representative of _____ authorized to complete this Agreement, and that the above information is accurate; I understand and agree to the roles and responsibilities outlined in the Corporate Full Tuition Grant Agreement.

Signature (Authorized representative): _____ Date: _____

Print Name: _____ Title: _____

Second Signature (Authorized representative, if applicable): _____

Date: _____

Print Name: _____ Title: _____