



SPONSORSHIP/THIRD PARTY BILLING APPLICATION FORM

Date of Application (mm/dd/yyyy) _____

A. SPONSOR'S DETAILS Name & Address of Sponsor (Please complete or provide address stamp):

Name: _____
 Address: _____
 City: _____
 Postal Code: _____
 Email: _____
 Phone#: _____
 Fax#: _____

Address Stamp

B. STUDENT'S DETAILS

Surname: _____
 Given Name: _____

Student No.: _____
 Birth Date: _____
 (if student no. is not provided)

C. DURATION OF SPONSORSHIP

FALL TERM	WINTER TERM	SPRING/SUMMER TERM
YR _____	YR _____	YR _____

PROGRAM/COURSE(S): _____

D. LIMITATION & COVERAGE (Indicate the fees covered with a ✓ and if maximum amount applies)

COMMITMENT Fee			
TUITION ONLY (student fees not included)	_____	_____	_____
STUDENT Fees (all mandatory)	_____	_____	_____
Field School Fee	_____	_____	_____
Tool Kit*	_____	_____	_____
BOOKSTORE CHARGES:			
Textbooks	_____	_____	_____
Supplies	_____	_____	_____
RESIDENCE Fees:			
Application Fee	_____	_____	_____
Residence Rental Fee	_____	_____	_____
\$200 Damage Deposit	_____	_____	_____
OTHER Fees:			
Transcripts	_____	_____	_____
Bus Passes	_____	_____	_____
Meals Cards	_____	_____	_____

*Tool Kits: Automotive, Carpentry, Cook's Helper Uniform Set, Cook's Helper Bundle, Electrical, Heavy Duty, Millwright, Pro Cook Uniform Set, Pro Cook Knife Kit, Welding

E. SPONSOR'S APPROVAL

Sponsor's Name and Title _____
 (please print)

Sponsor's Signature _____ Telephone _____