

Student Sponsorship Form

Student Information *(Please Print)*

Student Name:	Program Name:	Program Location:
Mailing Address:	Town:	Postal Code:
Phone Number:	Date of Birth:	

Sponsoring Organization Information

Organization Name:		
Mailing Address:	Town:	Postal Code:
Main Contact:		
Phone Number:	Fax Number:	

Please identify below the amount your organization will cover for this student for each item:

	Approved Amount	Please check if full costs covered
Tuition		
Books and Required Materials		
Student Fees		
Other: _____		

- Please invoice our organization.
- Student receives funds directly and is responsible for payment.

Comments:

Name *(Please Print)*

Job Title

Signature Date