



### SPONSORSHIP APPLICATION

Company/Organization Name: \_\_\_\_\_

Above-named company/organization will sponsor and pay College of the Canyons (College) directly for tuition-related expenses for the student(s) listed below (if more space is needed, please attach an addendum page):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Above student(s) will be sponsored for the fiscal year, semester(s) or class(es) listed as follows:

\_\_\_\_\_

The sponsorship will cover (please circle either "Yes" or "No" for each category listed below):

- Yes / No Enrollment Fees
- Yes / No Non-Resident Tuition (If applicable)
- Yes / No Health Fee
- Yes / No Student Representative Fee
- Yes / No Student Center Fee
- Yes / No Student Activity Fee (Optional)
- Yes / No Parking (Optional)
- Yes / No Material Fees (If applicable)

The sponsorship will (please circle one): **cover** / **not cover** classes that are dropped after the refund deadline date.

All invoices should be forwarded to:

Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The above named company/organization understands that the College will bill them directly for all student fees and agreements selected above. Any fees that are not covered by the sponsor will be billed directly to the student and will be the student's responsibility for payment. Invoices will be processed after the established refund deadline dates and prior to the end of the semester. All payments are due within thirty (30) days of issuance.

The above named company/organization, agrees to the conditions listed above.

\_\_\_\_\_  
 Authorized Representative Signature  
 \_\_\_\_\_  
 Title

\_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Date

Email: \_\_\_\_\_

Tele #: \_\_\_\_\_