



**STUDENT SPONSORSHIP APPLICATION FORM**

**SPONSOR DETAILS**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact email: \_\_\_\_\_

**STUDENT DETAILS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Student Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Program Name: \_\_\_\_\_

**COVERAGE BY STUDY TERM**

(Please indicate with a Y/N which items will/will not be covered. Maximum amounts can be included)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Fall Semester                      Spring Semester                      Summer Semester  
September-December              January-April                      May-August

	Fall Semester September-December	Spring Semester January-April	Summer Semester May-August
Confirmation Deposit (non-refundable)	_____	_____	_____
Tuition & Mandatory Fees:	_____	_____	_____
Health & Dental Fees:	_____	_____	_____
Books:	_____	_____	_____
Supplies:	_____	_____	_____

**SPONSOR'S APPROVAL**

Sponsor's Name and title: \_\_\_\_\_  
Sponsor's signature: \_\_\_\_\_  
Date: \_\_\_\_\_