



# SPONSORSHIP REQUEST TO INVOICE

Student Name: \_\_\_\_\_ NLC Student # \_\_\_\_\_

Program: ECE Certificate  ECE Diploma  Education Assistant  Other

Sponsor will be invoiced and the amount owing will be payable upon receipt. Please complete the following sections:

			YES	NO
<input type="checkbox"/>	Application Fee	(\$ 25.00 )	only if student is new to NLC .....	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Materials Fee	(\$ )	maximum .....	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Tuition	(\$ )	maximum .....	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Textbooks	(\$ )	maximum .....	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Semester Service Fee	(\$ )	maximum .....	<input type="checkbox"/> <input type="checkbox"/>

Terms of Sponsorship: Start Date \_\_\_\_\_ to End Date \_\_\_\_\_

Method of Payment or Purchase Order # \_\_\_\_\_ (If using PO, please attach copy)

\_\_\_\_\_  
Authorizing Name (Print) Authorizing Signature Date

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### **FOR THE STUDENT TO COMPLETE:**

I, \_\_\_\_\_ acknowledge that I am responsible for all fees not covered by my sponsor and will pay these fees accordingly.

\_\_\_\_\_  
Signature Date

**\*\*Please fax, mail, or email this form to the HDEC Department.\*\***