

TUITION SPONSORSHIP APPLICATION FORM

A. SPONSOR DETAILS

Name:

Address:

City:  Postal Code:

Telephone:  Fax:

Primary contact name:

Primary contact e-mail:

B. STUDENT DETAILS

Last name:  First Name:  Middle Initial:

Student Number:  (starts with a "T" + 8 digits)

Date of Birth:

Student e-mail:

C. COVERAGE BY STUDY TERM

(Please indicate with a CHECK ( ✓ ) which items will be covered, or enter a maximum dollar amount per study term)

		FALL SEMESTER	WINTER SEMESTER	SUMMER SEMESTER
		Year <input type="text"/>	Year <input type="text"/>	Year <input type="text"/>
i.	Tuition	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii.	Mandatory fees			
	TRU fees	<input type="text"/>	<input type="text"/>	<input type="text"/>
	TRU Student Union fees	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Health and Dental	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii.	Bookstore purchases			
	Text books	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Materials	<input type="text"/>	<input type="text"/>	<input type="text"/>

D. SPONSOR'S APPROVAL

Sponsor's name and title (print):

Sponsor's signature:

By signing this form, sponsor is acknowledging that they have read the Sponsor's Obligations and Responsibilities and the sponsor agrees to comply with the terms of the agreement.

E. STUDENT'S APPROVAL

Student's signature:

By signing this form, student is acknowledging that they have read the Sponsored Student's Obligations and Responsibilities and the student agrees to comply with the terms of the agreement.

F. DATE OF APPLCIATION (mm/dd/yyyy):