

Sponsorship Funding Application

FUNDED Sponsor Details	FUNDING Sponsor Name: _____
	Address: _____
	City: _____ Prov/State: _____ Postal Code/Zip: _____
	Phone: _____ Fax: _____ Email: _____
	Name/Title - authorizing funding: _____
	Authorized Signature: _____

Student Details	FUNDED Student Name: _____
	STUDENT NUMBER: _____ Program: _____
	<input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus Distance Education <input type="checkbox"/> Delivery to Aboriginal Land GST Exempt
	Address: _____ Phone: _____
	City: _____ Prov/State: _____ Postal Code/Zip: _____

Funding Instructions	Indicate areas that are applicable. (Shipping fees will be billed to the sponsor)
	<input type="checkbox"/> Textbooks <input type="checkbox"/> General Books <input type="checkbox"/> Supplies/School
	<input type="checkbox"/> _____
	Indicate terms and funds that are applicable. Please contact us for early invoice requests.
<input type="checkbox"/> Sept - Dec _____ (yr) <input type="checkbox"/> Jan - Apr _____ (yr) <input type="checkbox"/> May - Aug _____ (yr)	
\$ _____ <input type="checkbox"/> \$ _____ <input type="checkbox"/> \$ _____	