

# Tuition Sponsorship Application Form



Finance Department  
805 TRU Way,  
Kamloops, BC V2C 0C8  
Phone: 250-371-5646  
Fax: 250-371-5601

## A. SPONSOR DETAILS

NAME: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
CITY: \_\_\_\_\_ PRIMARY CONTACT NAME: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ PRIMARY CONTACT EMAIL: \_\_\_\_\_

## B. STUDENT DETAILS

LAST NAME: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_  
STUDENT NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
STUDENT EMAIL: \_\_\_\_\_

## C. DETAILS OF COVERAGE

PROGRAM: \_\_\_\_\_  
COURSES: \_\_\_\_\_  
DATES (for the period of time):  
MMM-DD-YY (E.G. SEP-01-17): \_\_\_\_\_ to MMM-DD-YY (E.G. SEP-01-17): \_\_\_\_\_  
COSTS COVERED INCLUDE:  
Application Fees \$ \_\_\_\_\_ Health and Dental \$ \_\_\_\_\_  
Tuition \$ \_\_\_\_\_ Books \$ \_\_\_\_\_  
Mandatory Fees \$ \_\_\_\_\_ Supplies \$ \_\_\_\_\_  
Student Union Fees \$ \_\_\_\_\_ Total Amount Sponsored \$ \_\_\_\_\_

## 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. SPONSORED STUDENT WAIVER

*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. TRU will need to share your name, TID, applicable course, and fee information (type and dollar amount) with your sponsor. By signing and submitting this application form, you consent to TRU sharing this personal information with the sponsor set out on this form. Your consent is effective as of the date of signing.*

STUDENT'S SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_