
Date (DD/MM/YY)

ATTN: HUMBER COLLEGE STUDENT ACCOUNTS OFFICE,

_____ will be sponsoring _____
[Organization Name] [Student Name]

_____ ; _____
[Humber N Number] Date of Birth (DD/MM/YY)

Sponsorship Overview

- Sponsored program/courses: _____ (leave blank if the sponsorship is not program- or course-specific)
- The sponsorship period will be _____ to _____
[From Date] [To Date]

The sponsorship will fund the following costs:

- Program/course tuition and compulsory ancillary fees
- Non-compulsory ancillary fees
- Student health insurance (compulsory fee charged at the time of registration; student may opt-out provided they have proof of pre-existing coverage)
- Residence and meal plan
- Parking
- Other [_____]

_____ is the maximum sponsorship dollar amount in Canadian dollars (CAD) (if applicable).

- The sponsorship is considered a scholarship and Humber College will be required to issue a T4A to the student.

Billing Information:

_____ [Sponsor Humber Number located on invoice] (returning sponsors only) [Contact Name]

_____ [Contact Street Address, including City, Province/State, Country, Postal/Zip Code]

_____ [Contact Phone Number] [Contact Email Address]

Please send the invoice by

Mail Email

_____ acknowledges that Humber College will issue monthly invoices.

[Organization Name]

Payments will be made promptly upon receipt of an invoice. We understand that if payment is not received prior to the end of the first month of school, the charges will be reversed back to the student, who will assume responsibility for outstanding fees owed to the College.

Thank you.

[Contact Name]

[Signature]

[Organization Name],

[Division/Department (if applicable)]

[Organization Address]

[Organization Phone Number]

[Organization Email Address]