

CONTINUING EDUCATION STUDENT SPONSORSHIP

This form must be used if company/agency is planning to pay for tuition and or fees.
Sponsor will receive any refund due.

This authorization must be signed and printed on company letterhead.

Required Information

PO # (if required) _____

Class Name (with attached student listing if more than one student)

Student Name

ID #

Company/Sponsor Name

Mailing Address

Contact Person

Telephone Number

Maximum Award
Amount \$

RESTRICTIONS (maximum amount):

Tuition \$ _____

Technology Fee \$ _____

CAPS Fee \$ _____

CPR Card Fee \$ _____

FACE Mask Fee \$ _____

CNA Liability
Insurance Fee \$ _____

CNA Lab Fee \$ _____

Special Fees (please
specify) \$ _____

BILLING REQUIREMENTS (check all that apply):

- Invoice Only Return Sponsorship Authorization
 Itemized Statement of Tuition/Fees Other: (please specify) _____

Authorized Signature _____ Date _____

Revised: 7/13/17