



# Third Party Sponsorship Agreement

## Sponsor Information

Sponsor Name: \_\_\_\_\_

Authorized Sponsor Rep: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Tax ID: \_\_\_\_\_

## Student Information

Term/Semester: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Student ID: \_\_\_\_\_

## Sponsorship Financial Information: Enrollment items and dollar amounts of sponsorship coverage

Maximum dollar amount of coverage. Write "required" if no max amount.

Tuition \$ \_\_\_\_\_

Fees \$ \_\_\_\_\_

Books \$ \_\_\_\_\_

Bookstore Supplies \$ \_\_\_\_\_

\*Books/Bookstore supplies are limited to items necessary for completion of assigned coursework (no food, clothing, etc.)

**Special Restrictions: List items specifically excluded from coverage (No post-agreement exclusions without resubmitted signed agreement).**

## By signing this form, the Authorized Sponsor agrees to the following statements:

- The business accepts responsibility for payment of the student's tuition and fees as entered on this agreement.
- The student is a current employee of the sponsoring business.
- The business will receive an invoice after the drop/add period and before the end of the semester. Exact payment **by company check** will be remitted to the HCC cashier's office upon receipt.
- Completed forms must be received no later than ten (10) days prior to first day of class.
- The student must work at a North Carolina location. This Third Party Sponsorship Agreement form is only valid for the term/semester indicated. A new form must be completed and returned for each term/semester in which the student is enrolled.

**The individual signing below hereby represents and warrants that they are duly authorized to execute and deliver this Agreement on behalf of the sponsoring organization.**

\_\_\_\_\_  
Authorized Sponsor Rep (print name)

\_\_\_\_\_  
Authorized Sponsor Rep (signature)

\_\_\_\_\_  
Authorized Sponsor Rep (title)

\_\_\_\_\_  
Date