coast mountain college

Send completed form to:
Email: info@coastmountaincollege.ca
Fax: 250.638.5432

SPONSORSHIP / THIRD PARTY BILLING APPLICATION FORM

Date of Application (mm/dd/yyyy) _____

A. SPONSOR'S DETAILS Name & Address of Sponsor (Please complete *or* provide address stamp):

Name _____
Address _____
City & Postal Code _____
Email _____
Telephone _____
Fax _____

Address Stamp

B. STUDENT'S DETAILS

Surname _____ Student No. _____

Given Name _____ Birth Date _____
(if student no. is not provided)

C. DURATION OF SPONSORSHIP

FALL SEMESTER	WINTER SEMESTER	SPRING/SUMMER SEMESTER
YR _____	**YR** _____	**YR** _____

PROGRAM / COURSE(S): _____

D. LIMITATION & COVERAGE (Indicate full coverage with a ✓ or an amount if limits apply)

Commitment Fee $100			
TUITION and STUDENT Fees			
Extended Health & Dental Fees			
Field School Fees			
Tool Kit			
BOOKSTORE Charges:			
Textbooks			
Supplies			
STUDENT HOUSING Fees:			
Non-refundable Application Fee $50			
Refundable Damage Deposit $350			
Student Housing Monthly Fees			
OTHER Fees:			
Transcripts			
Bus Passes			
Food & Beverage Card			

E. SPONSOR'S APPROVAL

Sponsor's Name and Title _____
(please print)

Sponsor's Signature _____ Telephone _____