

# SPONSORSHIP AUTHORIZATION



Fax, email or mail completed form to Finance, Assiniboine Community College  
1430 Victoria Avenue East, Brandon, Manitoba R7A 2A9  
Tel: 204.725.8719 or 800.862.6307 ext 6666 | Fax: 204.725.8740 | Email: [sponsorship@assiniboine.net](mailto:sponsorship@assiniboine.net)

A student sponsorship is an agreement between Assiniboine Community College (Assiniboine) and an individual or an organization (the sponsor) whereby the sponsor agrees to pay all or part of the cost(s) of a student to attend Assiniboine.

**Note:** This form **must be signed by an authorized individual or organization representative**. Invoices, receipts and refunds will be issued in the sponsor's name. In compliance with the Manitoba Freedom of Information and Protection of Privacy Act (FIPPA), Assiniboine cannot release student personal or academic information to a third party without the written consent of the student.

## SPONSORING AGENCY INFORMATION

Account name \_\_\_\_\_ Account # \_\_\_\_\_

Billing address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Sponsor contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Financial contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## AUTHORIZED SIGNATURE

I authorize the total sponsorship as indicated below:

Signature \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

## STUDENT INFORMATION

Name \_\_\_\_\_ Student # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

## PROGRAM/COURSE/TUITION/FEES SPONSORSHIP INFORMATION

Please check one of the following:

Name of program \_\_\_\_\_ If a **MAXIMUM** sponsorship amount is applicable, please indicate the dollar amount \_\_\_\_\_

Name of course(s) \_\_\_\_\_ Date range \_\_\_\_\_

Please check term(s) of sponsorship  Summer  Fall  Winter  Spring  All applicable terms (note: co-op & practicum are often billed in spring term)

Tuition will be invoiced by and is payable to **Assiniboine Community College**.

## HEALTH AND DENTAL FEES

Does sponsorship cover the ACCSA health and dental fees?  Yes  No

Please note that it is the students' responsibility to opt out of the plan by the deadline if they have alternate insurance. Visit [studentvip.com](http://studentvip.com) or call the SA office 204.725.8710. Refunds for opt-outs are paid directly to the **student**.

## TEXTBOOK/BOOKSTORE SPONSORSHIP INFORMATION

Please check one of the following:

Name of program \_\_\_\_\_ **Please check sponsored costs**  
All program required books:  Yes  No

Name of course(s) \_\_\_\_\_ If a **MAXIMUM** sponsorship amount is applicable, please indicate the dollar amount \_\_\_\_\_

Please check term(s) of sponsorship  Summer  Fall  Winter  Spring Date Range \_\_\_\_\_

Textbooks and bookstore merchandise will be invoiced by and is payable to **ACC Bookstore**.

## **PRIVACY STATEMENT**

Assiniboine Community College's collection, use and sharing of personal information is set out in its Privacy Policy and a copy of it is available by request from the FIPPA/PHIA Coordinator.

By submitting your application or registration to Assiniboine you confirm that you consent to the collection and use of your personal information as identified at [assiniboine.net/privacy](http://assiniboine.net/privacy).

## **DECLARATION OF WAIVER**

The college does its best to update program information regularly so applicants are not inconvenienced. However, on occasion, changes do occur. The college reserves the right to modify or cancel a program, option, course, program objective, articulation agreement, fee, timetable, or campus location without notice or prejudice. Please visit our website [assiniboine.net](http://assiniboine.net) for complete and up-to-date program information.