



SPONSOR INFORMATION FORM

Kelley Beckett
Accounts Receivable Office
Phone (217) 443-8592
FAX: (217) 443-8589
E-Mail: kbeckett@dacc.edu

For Office use only Sponsor ID _____ Sponsorship _____
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Name of Company/School to be billed: _____

Date: _____ Dollar limit (if applicable) per contract of student: _____

Name and last four of Social Security Number(s) of student(s) to receive funding:

(Please attach additional sheet(s) if needed.)

<u>Student Name</u>	<u>SS#</u> <u>4-Digits</u>	<u>DACC</u> <u>ID#</u>	<u>Student Name</u>	<u>SS#</u> <u>4-Digits</u>	<u>DACC</u> <u>ID#</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature of authorized company/school official: _____

Please print name of authorized company/school official: _____

Title: _____ Phone: _____

Address: _____

City/State: _____ Zip code: _____

THIS SPONSORSHIP IS VALID FOR THE FOLLOWING		
Please check all that apply		
<input type="checkbox"/> Spring _____ (Year)	<input type="checkbox"/> Summer _____ (Year)	<input type="checkbox"/> Fall _____ (Year)

PLEASE CHECK THE ITEMS WHICH INDICATES HOW CHARGES MAY BE UTILIZED

- | | | |
|--------------------------|--------------------------|---|
| <u>YES</u> | <u>NO</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Tuition credit hours courses |
| <input type="checkbox"/> | <input type="checkbox"/> | Course Fees (Mandatory) |
| <input type="checkbox"/> | <input type="checkbox"/> | Technology Fees (Mandatory) |
| <input type="checkbox"/> | <input type="checkbox"/> | Textbooks, as required |
| <input type="checkbox"/> | <input type="checkbox"/> | General supplies from DACC bookstore. Limit \$_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Tuition non-credit courses |
| <input type="checkbox"/> | <input type="checkbox"/> | Miscellaneous fees (bus tickets, course repeat fee) |