



CONFIRMATION OF SPONSORSHIP FORM

Email completed form to: FinancialAide@keyano.ca

Student Information

LEGAL LAST NAME	LEGAL FIRST NAME	DATE OF BIRTH (MMDDYYYY)
PROGRAM OF STUDENT		KEYANO STUDENT ID # 000-

Check one: Maximum Course Load Full-time Part-time Co-op Term

Tuition and Fees

Check all semesters in which Tuition will be covered by the sponsorship agreement:

Fall (Sep - Dec) Year 20 _____	Winter (Jan - Apr) Year 20 _____	Spring (May - Jun) Year 20 _____	Summer (Jul - Aug) Year 20 _____
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Will all Mandatory Fees also be sponsored? Yes If No, check the fees that will be sponsored:

Application fee (if applicable)	Campus Recreation fee
Admission deposit	Students' Association fees
Apprenticeship materials or Lab fees (if applicable)	Technology Fee

Will Health & Dental fees be sponsored? Yes No

NOTE: if students already have benefits, they must complete a [Student Benefits waiver form](#) along with proof (i.e. Treaty, Employer, Parent, etc.) of benefits by the appropriate deadline to opt out and remove health and dental fees from their account. *No exceptions permitted.*

Organization is GST or tax exempt. Yes (Please include tax exempt letter)

Bookstore Charges

Please check items to include in sponsorship:

Mandatory books	Backpack
Mandatory supplies only	Calculator
All supplies (including non-mandatory)	Bookstore charges not allowed

Maximum amount of \$ _____ per semester **OR**

Combined maximum of \$ _____ for all semesters checked above

Housing Charges

Housing charges will be sponsored: Yes No

Please continue to page 2.

Release of Information:

We can only release / discuss the student’s information (attendance reports, final grades, admission status, enrolment status, account balance, etc.) to the sponsor if the student has submitted the [“Authorization for Release of Student Information”](#) form.

Send Invoice to:

ORGANIZATION		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
PHONE #	FAX #	
EMAIL		
AUTHORIZED BY	SIGNATURE	
DATE	PO #	
Office Use Only:		
STUDENT ID	YEAR	
AGREEMENT	ORGANIZATION	

The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33© of Alberta’s Freedom of Information and Protection of Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and award, convocation, sending education information, library services, emergency notification, and for college research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act; Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students’ Association for the purposes of membership and information sharing; Syncrude Sport & Wellness Centre for the purposes of membership, Student Academic Support Services for the purposes continuous improvement of student academic success. For information about the collection and use of this information, contact the Registrar.

Keyano College Office of the Registrar | 8115 Franklin Avenue, Fort
 McMurray AB T9H 2H7 Toll Free 1.800.251.1408 | Telephone
 780.791.4801 | E-Mail registrar@keyano.ca www.keyano.ca/forms