WEATHERFORD COLLEGE | SPONSORSHIP FORM
WORKFORCE QUARTERS

COMPANY/ORGANIZATION/EMPLOYER

ORGANIZATION NAME	
BILLING ADDRESS	
CITY/STATE/ZIP	

BILLING CONTACT

CONTACT NAME	
PHONE NUMBER	
EMAIL ADDRESS	

- This letter of authorization serves as an agreement with Weatherford College to pay for the following students' charges listed below. This is a promise to pay even if the student drops or fails the courses.
- Any schedule change will require an updated voucher.
- The invoice will be submitted to the billing contact email provided. Please do not remit payment prior to receiving an invoice.

TERM: ❑Quarter 1 ❑Quarter 2 ❑Quarter 3 ❑Quarter 4

Only select one. A new sponsorship form will need submitted each quarter.

Student ID	Student Name	Courses/Program	TOTAL Tuition/Fees

ALL INVOICES WILL BE PROCESSED AT THE END OF THE TERM.

Authorized Name _____ Email _____ Phone Number _____

Authorized Signature _____ Title _____ Date _____