Third-Party Contract (TPC) Application

Instructions and Terms for Academic Year [Insert Year]

A Third Party is an entity that has agreed to pay all or a specified portion of a student’s or group of students’ tuition, fees, books and other charges at an institution of higher education. [Insert Institution Name] will invoice sponsors that require a separate invoice for the items on the student bill which the sponsor will pay in support of a student. To be considered for the TPC billing process, sponsors must complete this application form for the 20XX-XX academic year.

If support is per term, we must receive your completed application form and letter of support by the following dates:

<table>
<thead>
<tr>
<th>Term</th>
<th>Application Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autumn [Insert Year]</td>
<td>August [Insert Year]</td>
</tr>
<tr>
<td>Winter [Insert Year]</td>
<td>October [Insert Year]</td>
</tr>
<tr>
<td>Spring [Insert Year]</td>
<td>January [Insert Year]</td>
</tr>
<tr>
<td>Summer [Insert Year]</td>
<td>May [Insert Year]</td>
</tr>
</tbody>
</table>

Sponsor’s Billing and Contact Information

Organization Name:

Billing Address:

City, State, Postal Code, Country:

Billing Contact Person:

Billing Contact Title:

Billing Contact’s phone #, with international codes:

Billing Contact’s fax #, with international codes:

Billing Contact’s email:

Tax Exempt (optional):

Name of Authorized Agent (with authority to sign this contract)
Payment is due 60 days after the invoice date.

**Payment Methods**

Third-Party Contract (TPC) invoicing payments can be made by check, credit card, cashier’s check, money order or wire transfer drawn on U.S. funds. **To ensure proper credit, provide the TPC Invoice number and the students’ [Insert Institution Name] ID number with your payment.** When paying by mail, please remit your payment in the envelope provided with your invoice.

Payment Address:
[Insert Billing Address]
___ check here if same as page 1.

**Electronic funds transfer:**

To set-up wiring information contact: [Insert Name/Address/Phone/Email] Please note that banks will charge you a service fee of approximately $10.00-to $60.00 to initiate the wire transfer. Wire fees are in addition to the invoiced amount due to [Insert Institution Name].

**TPC Invoicing FERPA Disclosure**

The [Insert Institution Name] is prohibited by the federal Family Educational Rights and Privacy Act (FERPA) from releasing class names, descriptions, transcripts, grades, financial aid information, or information about other charges. The student is responsible for providing this information to the sponsoring organization if it is required. The student must authorize the Student Financial Services Office to release necessary financial information to his/her sponsor for the purposes of Third-Party Contract quarterly invoicing. This may include electronic transmission methods (email, fax, etc.), if requested.

**Sponsor Agreement**

We, the sponsor, understand that by signing this form that we have been informed that a TPC credit will be applied to the students’ account prior to invoicing the sponsor. It is understood the agreed upon charges are not dependent on attendance, obtaining a grade, performance and/or continued financial aid. If the sponsor does not pay the TPC invoice within 60 days of the issuance of the invoice, the TPC credit applied to the student’s [Insert Institution Name] account will be removed. The charges will be due and payable by the student. This action may cause the student’s account to become past due and delinquent. The student’s account may be placed on hold. This hold will prohibit future enrollment, transcript and diploma releases. The student will have 30 days to pay the balance in full. If this account is referred to an outside collection agency, the student may be responsible for all collection costs, interest, legal and court fees, if applicable.

Sponsor’s Signature: _________________________________________
Printed Sponsor’s Name:________________________________________
Sponsor Title:_______________________________________________
Date: ________________


Student Information

Complete this application for a single student or, for a group of students, provide a roster, which must include the following information for each student sponsored by your organization.

Last Name:
First Name: MI:

[Insert Institution Name] Student ID#:___________________________

Badge or ID#:_________________________________

Please check the terms that will your organization will sponsor this student for the 20XX-XX year

☑ Autumn [Insert Year] ☐ Winter [Insert Year] ☐ Spring [Insert Year] ☐ Summer [Insert Year]

Charges to be invoiced:

☐ Tuition
☐ Stipend amount to be issued by [Insert Institution Name]

List any other charges here

$_______________ by term / annually (circle one)