

Vance-Granville Community College

P.O. Box 917
Henderson, NC 27536
(252) 492-2061
www.vgcc.edu

Employer Sponsorship Agreement

Student Name _____ Student Id _____

Semester you are requesting Employer Sponsorship _____

Total amount authorized for tuition and fees _____

Please complete the information below to indicate your agreement to pay within 30 days after receiving the invoice. Termination of an employee after submission of this agreement does not terminate the employer's financial responsibility to VGCC. Mail, e-mail, or fax the original copy to Jenny Luffman, Accounts Receivable and Third Party Billing Coordinator.

Employer (Company) Name _____

Employer Contact Name and Title _____

Employer Contact Phone Number _____

Billing Information:

Address: _____

Fax Number: _____

E-mail Address: _____

Purchase Order Number _____

Employer Signature _____

Date _____

Also attach a W-9 for your company and a letter verifying employment for the employee. A new agreement and letter are required each semester.

Return completed form to:

VGCC

Attn: Lauren Elliott

PO Box 917

Henderson, NC 27536

Email: elliottl@vgcc.edu

Revised 7/2017