



**RETURN VIA FAX TO 616-234-3533**

**APPRENTICESHIP TRAINING PROGRAM  
TUITION PAYMENT AUTHORIZATION**

\_\_\_\_\_ will pay tuition and fees in full or other specified amount upon  
( Organization )

invoicing by Grand Rapids Community College for the \_\_\_\_\_ term of \_\_\_\_\_ **OR**  
*Choose one (Fall/Winter/Summer) (Year)*

for **ALL** semesters of the \_\_\_\_\_ school year for the following employee(s):  
(academic year)

**EMPLOYEE NAME**

**STUDENT NUMBER (OR SOCIAL SECURITY #)**

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**SEND INVOICE TO:**

\_\_\_\_\_  
Organization Representative & Title

\_\_\_\_\_  
Representative's Email

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date

**NOTE:** Organization representative's signature commits the organization to payment of the total payment due when billed, subject to policies outlined in the Grand Rapids Community College catalog. This commitment remains whether or not the employee remains employed with the organization. Grand Rapids Community College is an equal opportunity institution.