



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 \_\_\_\_\_ semester for the following
employee(s):

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

Grid of horizontal lines for entering employee names and social security numbers.

SEND INVOICE TO:

Form fields for Organization Representative, Title, Street Address, City, State, Zip, Representative's Signature, and 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.