

# Panhandle Regional Advisory Council – TSA – A

Senate Bill 8 Scholarship Program

## COURSE SPONSOR

1. To be completed by the course sponsor.
2. Signature of Course Coordinator required.
3. A valid Taxpayer Identification Number (SSN, ITIN, EIN).is required to initiate con
4. Type of Entity: Non-Profit or For-Profit AND indicate if with the City or County (if applicable).
5. A vendor setup form must be completed and submitted if your firm has not previously contracted with DSHS. To complete this, please visit the Texas Comptroller of Public Accounts website: Comptroller.Texas.Gov.
6. If the above information or forms are not submitted and completed, your application request may be withheld, which could delay the course start date.

Course Sponsor (Firm Name): \_\_\_\_\_

Firm Administrator: \_\_\_\_\_

Firm Mailing Address: \_\_\_\_\_  
Address City TX

Firm Physical Address: \_\_\_\_\_  
Address City TX

Admin Phone Number: \_\_\_\_\_

Firm Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DSHS Firm ID # \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

County of Firm: \_\_\_\_\_

Course Dates: \_\_\_\_\_  
START DATE END DATE

Number of Students: \_\_\_\_\_ \$ \_\_\_\_\_  
Tuition per student

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COURSE SPONSOR CONT.

Medical Director Name: \_\_\_\_\_

Medical Director Mailing Address: \_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE

\_\_\_\_\_  
PHONE EMAIL

\_\_\_\_\_  
COURSE COORDINATOR/EMS Director Signature

\_\_\_\_\_  
DATE

THE FOLLOWING TO BE COMPLETED BY PANHANDLE RAC:

CONTRACT START/END DATE: \_\_\_\_\_  
START DATE END DATE

CONTRACT AMOUNT: \$ \_\_\_\_\_

COURSE NUMBER: \_\_\_\_\_

COMMENTS: