

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. 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 SIGNATURE DATE

THE FOLLOWING TO BE COMPLETED BY PANHANDLE RAC STAFF:

CONTRACT START/END DATE: _____
START DATE END DATE

CONTRACT AMOUNT: \$ _____

COURSE NUMBER: _____

COMMENTS: