



Sponsorship Agreement

Youth Ministry Leadership Development Summer Institute 2018

Sponsor Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Person's Name: _____

Contact Person's Title: _____

Contact Person's Telephone: _____

Sponsored Student Name: _____

Courses: _____ Year: _____

On-line and/or On-site

Course Names:

Total Payment Authorized to Archdiocese of Chicago by the Sponsor *: \$ _____

The Sponsor agrees to pay to the Archdiocese of Chicago in full or part of the tuition and fees for the Sponsored Student mentioned above. There is no reimbursement if the sponsored student/person doesn't complete the courses.

By signing below, I acknowledge that I have read and understand this agreement.

*Signature of Authorized Sponsor Pastor/Principal**

*Print Name of Authorized Sponsor Pastor/Principal**

*Date**

Signature of Sponsored Student

*Date**

(Required information.)*

Please return to: Department of Parish Vitality and Mission ATT. Anna Dudek
Office of Lifelong Formation, 3525 South Lake Park Avenue, Chicago, IL 60653