



McHenry County College

Company Sponsorship Agreement

8900 US Highway 14, Crystal Lake, IL 60012-2761 • 815-455-8910 • Fax – 815-455-3766 (Attention: Registration)

Credit Classes: Registration Year: \_\_\_\_\_ (Fall/Spring/Summer)

Continuing Ed Classes: CE Year \_\_\_\_\_

Student Information

Student ID# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_  
 Last Name (Please Print) First Name (Please Print) Middle Initial

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_  
 Street Address City State Zip Code County

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_  
 Home Phone Work Phone Birth Date Email Address

**Student**

- My sponsor has my permission to fully access my educational records at MCC for the purpose of supervising my education and training.
- If my sponsorship is terminated or my sponsor does not pay for my tuition, fees and books within 30 days of the MCC billing dates, I understand that I will be liable for these costs and I will be billed accordingly.
- Sponsorship termination or failure to attend does not constitute withdrawal from the course. I understand it is my responsibility to withdraw from the course in accordance with the MCC withdrawal policy. Refund dates can be found on our website.

Applicant's Signature \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_

Please list each course and the percent \*or\* amount covered by this sponsorship

Course prefix, number & Section	Course title	Percent (%) covered by Company sponsorship	Dollar (\$) amount covered By company sponsorship

Company Information

The company will pay **all tuition, fees, and books** within 30-days of the MCC billing dates. Upon receipt of the invoice, the company will notify MCC in writing of any employee whose sponsorship is terminated. Sponsorship may not be terminated after the class has ended.

**OR**

Student is sponsored **only for enrollment** in course(s) and student is responsible for all costs of attendance.

**Check box to verify student is employed full time (35+ hours per week)**

Company Name \_\_\_\_\_ Company Phone \_\_\_\_\_

Company Address \_\_\_\_\_

Company Email: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

**Authorized Signature and Title**

**MCC office use only**

Fire Science Only: Department credits to be applied towards cost of student attendance Number of credits \_\_\_\_\_

MCC Dept Chair or Dean Approval \_\_\_\_\_ Date \_\_\_\_\_

**Procedure**

- Complete form and submit to McHenry County College at [mymcc@mchenry.edu](mailto:mymcc@mchenry.edu)
- **Form will not be processed unless signed by applicant and authorized company representative.**
- MCC reserves the right to refuse company sponsorship

McHenry County College declares and reaffirms a policy of equal opportunity and non-discrimination. The College will make all decisions regarding admission, employment, participation in educational programs, or activities, without discrimination on grounds of race, color, creed or religion, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disabilities, military status, sexual orientation, gender-related identity, pregnancy, unfavorable discharge from military service, or other factors prohibited by law. Decisions regarding employment include hiring, promotion, termination, wages or salaries, benefits, and other terms and conditions of employment. MCC is committed to diversity and inclusion in its college community. (02/2026)