TCC EMS Program
EMS Provider or DSHS recognized First Responder Organization
Sponsorship Letter

Date: _____

This letter confirms _____'s intent to sponsor
(Company Name)

_____ for the 20____ ☐Fall | ☐Spring semester
(Student's Name) *(Year)*

of the TCC Paramedic program to include the following courses:

Please select those that apply:

☐EMSP-1356 ☐EMSP-1355 ☐EMSP-2534 ☐EMSP-2305 ☐EMSP-2243

☐EMSP-1438 ☐EMSP-2444 ☐EMSP-2430 ☐EMSP-2267

☐EMSP-2160 ☐EMSP-2161 ☐EMSP-2162

Name of Student: _____

Student's TCC ID Number: _____

Sponsoring Department/Company: _____

Sponsoring Department/Company Address: _____

_____

Chief/Supervisor/Director Full Name: _____

Chief/Supervisor/Director Email Address: _____

Chief/Supervisor/Director Phone Number: _____

The Sponsor agrees to pay for tuition and fees as indicated below:

☐Tuition and all fees ☐Tuition+general+course/program fees

☐Tuition and general fees ☐Tuition Only

Sincerely,

_____ _____

[Chief/Supervisor/Director Signature] [Printed Name and Title]