



SPONSORSHIP – LIVING/HOUSING

This confirmation must be signed in the presence of a notary public.

I, _____ of _____

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

declare my intention to undertake the following responsibility for Housing/living Security:

- Living, Housing and Food Security for the duration of full time enrollment at Carroll community college (4 to 5 semesters).
- Transportation Security to and from Carroll to attend classes in person.
- Acknowledge full time college enrollment with no work off campus permitted for a minimum of two years.

_____ while he/she is enrolled at Carroll CC

FULL NAME

Host Sponsor Signature

Name (Please Print)

Notary Public