

FINANCIAL AID CONSORTIUM AGREEMENT

Everett Community College students who plan to enroll at a **host institution** during a term may use this form to document course work and costs at the host institution. Under this agreement, the **Everett Community College** will act as the **home institution** (the institution administering financial aid and awarding your degree). The **home Institution** will disburse financial aid, monitor Satisfactory Academic Progress, and report enrollment to the National Student Clearinghouse. Only the home institution may disburse financial aid for the term. **Agreements with clock-hour schools are not allowed under this process.**

Student Information:

Name _____	ID # _____
Host School _____	Host School ID# _____
# of credits for consortium agreement term: at Home _____	at Host school _____
Term/Year _____	Email _____ Phone# _____

General Requirements and Notices:

1. The financial aid office at your host school must certify your registration, tuition, & fee costs and sign this form.
2. **You must be taking a minimum of 6 credits at Everett Community College for the entire quarter**, to be eligible to receive and keep your financial aid. If you drop any courses, your financial aid could be returned, creating a balance on your student account. **Exceptions may be made case-by-case basis.*
3. A **home school Academic Advisor** must certify that the coursework at the host institution is applicable to your degree plan (see advisor certification on pg. 2).
4. You must **attach a copy of your registration or class schedule at the host school**.
5. Courses taken at the host school will be treated the same as home institution courses for Satisfactory Academic Progress (SAP).
6. You must submit an unofficial transcript from the host school at the end of the quarter to show progress. We will **hold** financial aid for future quarters, until we receive an official transcript.
7. It is **your responsibility to report changes** in enrollment at both the home and the host school during the term. If you drop or withdraw from courses at your host school, you are required to submit an official receipt of your dropped courses to your consortium liaison at the home school. Please be aware that dropping or withdrawing from classes in your consortium agreement may affect your SAP. You may only completely withdraw from a consortium agreement twice. If you drop all courses at both schools, the home institution will perform a Return of Title IV Funds calculation and may return funds to federal accounts. This could result in a bill on your student account.
8. Financial aid will be disbursed according to the home institution disbursement schedule. Consortium agreements can cause a delay in disbursements, so plan accordingly.
9. You are responsible for paying tuition, fees and other charges at the host school.
10. You understand and authorize the home and the host school to share information about your educational records.
11. Evcc Student Financial Aid Department can only accept consortium agreement forms **through census date** for Summer, Fall, Winter and Spring quarters.

Your signature below indicates that you have read and that you understand the requirements and notices above.

Student's signature _____ Date _____

PLEASE RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS

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Home Institution credit hours 6 credits + HOST credit hours (list courses below) _____ = Total hours _____

HOST School Course Info

Course Number	Course Title	Number of Credits

Note: You must submit proof of enrollment with this form

Student's Degree Program: _____

As the student's Everett Community College academic advisor, I certify that the student must have these courses at the host school for their degree program. I have confirmed with the student that his/her current degree program is accurate.

Academic Advisor signature: _____ Date _____

Submit to the HOST school for completion by their financial aid office:

- The student is not receiving financial aid at _____ this term.
Host School
- The student's tuition and fees costs for the term at the HOST school: _____
(Please attach an account summary or billing statement)

Financial Aid Counselor's signature: _____

Title: _____

Phone number or email: _____

Date: _____

Comments:

Please return this form to

Everett Community College, Financial Aid Office
Fax: (425) 388-9185 Email: fin_aid@everettcc.edu
Mail: 2000 Tower Street
Everett, WA 98201-1390
Phone: (425) 388-9280

Everett Community College does not discriminate based on, but not limited to, race, color, national origin, citizenship, ethnicity, language, culture, age, sex, gender identity or expression, sexual orientation, pregnancy or parental status, marital status, actual or perceived disability, use of service animal, economic status, military or veteran status, spirituality or religion, or genetic information in its programs, activities, or employment. Contact the following people with inquiries or complaints regarding discrimination, Title IX compliance, or Americans with Disabilities Act compliance: Equal Opportunity Director: EqualOpportunity@everettcc.edu, 425-388-9271; ADA Coordinator: ADAcoordinator@everettcc.edu, 425-388-9232; Title IX Coordinator: TitleIXCoordinator@everettcc.edu, 425-388-9271. All offices are located in Olympus Hall 111, 2000 Tower St. Everett, WA 98201. For more information, visit the Equal Opportunity and Title IX website: EverettCC.edu/EqualOpportunity