Office of Financial Aid
2401 South Main Street
Lamar, CO 81052
719.336.1591
Fax: 719.336.2400

LAMAR COMMUNITY COLLEGE

FINANCIAL AID CONSORTIUM AGREEMENT

Home Institution: Lamar Community College (this school will handle your financial aid)

Host Institution: _____ (you will pay this institution)

SECTION A: COMPLETED BY STUDENT

This Consortium agreement is for: Fall_____ Spring_____ Summer_____

Name: _____ LCC Student ID#:_____

Address: _____ City:_____ZIP:_____

College Assigned E-Mail Address:_____ Phone:_____

At LCC I will be enrolled in _____credit hours. At _____ I will be enrolled in _____credit hours.
The courses I will be enrolled in are:

LCC (ex BIO 202) _____ _____ _____ _____

( ) _____ _____ _____ _____ _____

Certification: I have read and have met or will meet the student requirements associated with this agreement. I further certify that all information provided on my application is accurate. As a degree seeking student, I agree that I will only receive federal financial aid from Lamar Community College (including Pell grant and Direct Loans). Upon completion of the semester, I will provide LCC with proof of grades received in courses taken at Host Institution.

Student Signature: _____ Date: _____

SECTION B: Completed By Host Institution Financial Aid Office
The student listed in Section A will be attending your institution this semester and is requesting a consortium agreement for the term indicated. Lamar Community College will process financial aid for which the student may be eligible. Disbursement of funds will be made directly to the student according to our institutional policy.

Please provide the information below:

Course and Title	Units (Semester Hours)	Cost Per Unit	Begin Date of Course	End Date of Course	Tuition & Fees
_____	_____	_____	_____	_____	$_____
_____	_____	_____	_____	_____	$_____
_____	_____	_____	_____	_____	$_____
_____	_____	_____	_____	_____	$_____
Totals	_____				$_____

Certification: I certify that the student is enrolled in the units above as of the signing date. I agree that this institution will not award or pay any form of federal financial aid to this student during the term of the consortium agreement.

Financial Aid Office Signature: _____ Date:_____

Institution Address:_____ Phone:_____

Section C: Completed by LCC Fin. Aid Office

Approved _____ Update ROAENRL, Adjusted Hours. Tuition/Fees: LCC $_____ Host college $_____

Denied _____ FAO Signature: _____ Date: _____

The courses listed in Sec. A and B may be accepted for transfer credit with a grade of "C" or better. Signature of LCC designee does not guarantee transferability to LCC.