

## 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.