



Serving Richmond & Scotland Counties

Financial Aid Office, Richmond Community College, P.O. Box 1189, Hamlet, NC 28345

Phone 910.410.1726 FAX 910.851.6375 Email: financialaid@richmondcc.edu

FINANCIAL AID CONSORTIUM AGREEMENT

Student Name: _____

Student ID: _____

Host Institution: _____

Term of Enrollment: _____

The student listed above is seeking a degree or certificate from Richmond Community College (Home School) and plans to enroll at the Host Institution listed above during the current academic year. This Consortium Agreement allows RichmondCC to disburse financial aid based on the student's combined enrollment at both institutions. RichmondCC is responsible for determining eligibility and awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and federal reporting requirements. After RichmondCC charges are paid, RichmondCC will disburse any excess aid to the student. The student is responsible for paying any charges, or using any refunds(s) to pay the charges at the Host Institution.

The Host Institution agrees to complete this form, to confirm enrollment, to inform RichmondCC if the student withdraws from these courses, to send RichmondCC an official transcript at the end of the semester, and to not give the student any Title IV grant aid during this enrollment period.

Host School Section

Name of Course	Course Number	Credit Hours

Enrollment Period: From _____ to _____
(Month/date/year) (Month/date/year)

Host Institution

Printed Name:	
Signature:	
Title:	
Date:	
Email:	

I understand that I am asking Richmond Community College to use Title IV funds to pay for classes that I agree to complete at the Host Institution and those I am completing at Richmond Community College.

I understand that my financial aid will be applied first to my tuition and fees and other allowable charges at Richmond Community College. I further understand that I must pay the required tuition and fees to the Host Institution and **submit a copy of my paid receipt** at the Host Institution to the Financial Aid Office at Richmond Community College.

I agree and authorize the Host Institution to release enrollment and academic information to Richmond Community College for the period of my enrollment as indicated above. This includes, but is not limited to, hours of enrollment, any changes to enrollment including drops and withdrawals, last date of attendance, and any grades received for the classes enrolled or attended during this contracted period.

I agree to enroll only in courses that are transferrable and/or applicable to my degree program.

I agree to submit a transcript of the course(s) taken at the HOST Institution at the end of the semester. I understand that the transcript must be received for me to continue receiving financial aid at Richmond Community College.

I have read and understand the terms of the Consortium Agreement between Richmond Community College and the Host Institution. This student contract is hereby made part of that Consortium Agreement.

Student

Date

RETURN TO RICHMOND COMMUNITY COLLEGE, FINANCIAL AID DEPARTMENT

Financial Aid Specialist, Leigh Hoffman: rlhoffman@richmondcc.edu