



Mail To: Allen Community College
 Financial Aid Office
 1801 N Cottonwood
 Iola, KS 66749
Fax: 620-635-8287
Email: finaid@allenc.edu

Consortium Agreement

***This agreement must be completed by the student, Academic Advisor, and Host Institution before being submitted to the Financial Aid Office.*

SECTION A: TO BE COMPLETED BY STUDENT

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

- The ALLEN Financial Aid Office and any other institution reserve the right to deny consortium agreement requests.
- A student may receive federal financial aid from only one school during any given semester.
- A consortium agreement allows a student to receive full eligibility for most Title IV Aid (Pell Grant and Loans). However, some academic programs require the student be enrolled full time at ALLEN for the semester of the agreement.
- Awards require a student to be enrolled **half time** at ALLEN for the semester of the agreement.
- At the end of the consortium agreement semester; an official academic transcript must be sent to the ALLEN Registrar's Office for determination of Satisfactory Academic Progress. This must be completed before the student can receive financial aid for the next period of enrollment.

Note: When doing a consortium agreement your financial aid will **NOT** be released for disbursement until the enrollment certification date that is set by your other school has passed and the completed agreement is returned to the Allen Financial Aid Office. Therefore, it is the student's responsibility to make the necessary arrangements for fee payment and books at each school. No early disbursements permitted.

HOME INSTITUTION: Allen Community College - The home institution will grant the degree, calculate the awards, disburse financial aid, report enrollment level to NSLDS, monitor Satisfactory Academic Progress and determine refund/repayment.

THE COURSES I WILL BE TAKING AT ALLEN (Home Institution)

Semester _____ Degree Earning at Allen _____ Estimated Graduation Date _____

Course Number	Number of Credit Hrs	Course Name	Begin Date	End Date

HOST INSTITUTION: _____

THE COURSE(S) I WILL BE TAKING AT THE HOST INSTITUTION ARE AS FOLLOWS:

Course Number	Number of Credit Hrs	Course Name	Begin Date	End Date

I certify that I am seeking a degree from Allen Community College and the classes I am enrolled in through the Host Institution count toward my degree. I understand that I will receive my financial aid from Allen Community College based on my enrollment at both institutions. I realize that I will be responsible for payment at the Host Institution.

Student Printed Name

Allen ID number

Student Signature

Date

SECTION B: TO BE COMPLETED BY ACADEMIC ADVISOR ***Electronic signature will not be accepted.**

I, _____ certify that this student is approved to take the above course(s) at the Host Institution. Additionally, I confirm that the courses listed on this form will transfer and apply towards the student's degree completion at Allen Community College.

Academic Advisor's Signature

Date

Allen Email Address

Phone Number

SECTION C: TO BE COMPLETED BY THE HOST INSTITUTION'S FINANCIAL AID OFFICE
***Electronic signature will not be accepted.**

Financial Aid Officer's Signature

Date

Title

Phone Number

Email Address