



Beaufort County Community College

FINANCIAL AID CONSORTIUM AGREEMENT

BETWEEN

Beaufort County Community College
(Home School)

and

(Host Institution)

The Home School and the Host School listed above are hereby entering into a Consortium Agreement.

Section I – To be completed by Student

Please print first, middle, last name. Student's Name:	BCCC Student ID: Student Date of Birth:
Consortium Period (check all that apply): <input type="checkbox"/> Fall ____ <input type="checkbox"/> Spring ____ <input type="checkbox"/> Summer ____	

Section II – To be completed by the Host Institution Office of Financial Aid

Under this agreement the Host Institution agrees that the student listed above has been accepted for enrollment for the time period specified in this agreement; to provide Beaufort County Community College (BCCC) with requested information including information about enrollment periods and costs; to notify BCCC if the student withdraws from the program or drops below the number of credit hours specified below; and withhold processing of any payments for federal, state, and/or institutional aid for the term/period of enrollment listed below.

Disbursement: It is agreed that BCCC will be responsible for disbursing aid and monitoring student eligibility. The student will be evaluated for eligibility according to BCCC's academic, financial, and student aid policies. Cost of Attendance: The cost of attendance will be based on BCCC's budget which includes the following: tuition, fees, books, transportation, miscellaneous and living expenses. Enrollment Status: The enrollment status will be determined by the number of credit hours for which the student is enrolled at both the "home" school and "host" school that align with the students' program of study.

Enrollment Period:	From:	To:
--------------------	-------	-----

List the individual course(s) and semester credit hours the student is registered for during the above enrollment period:

Course(s)	Credit(s)	Course(s)	Credit(s)

Tuition & Fees:		Books & Supplies :	
Room & Board:		Other (specify):	

Host Institution Financial Aid Administrator's Signature:

Printed Name:	Date:
Title:	Telephone:
E-mail Address:	Fax Number:

Section III – To be completed by Beaufort County Community College Office of Financial Aid

BCCC Financial Aid Administrator's Signature:

Printed Name & Title:	Date:
E-mail Address:	Telephone:

Return to: Office of Financial Aid Beaufort County Community College 5337 Highway 264 East Washington, NC 27889 Phone: 252.940.6222 Fax: 252.940.6393	Note: This form must be completed prior to the beginning of each semester. Failure to complete this form and supporting documents in a timely manner may delay or reduce student financial aid eligibility. Please submit a current copy of student registration statement from host institution with this form. Payment for course(s) taken at host institution will be processed upon receipt of official college transcript.
---	--