



# IOWA WESTERN COMMUNITY COLLEGE OFFICE OF FINANCIAL AID

## FINANCIAL AID CONSORTIUM AGREEMENT

### INFORMATION REGARDING THE CONSORTIUM AGREEMENT

STUDENTS WHO WANT TO ENROLL SIMULTANEOUSLY AT TWO INSTITUTIONS AND COMBINE THE HOURS FOR FINANCIAL AID PURPOSES NEED TO COMPLETE A FINANCIAL AID CONSORTIUM AGREEMENT. THIS DOCUMENT ACKNOWLEDGES AN AGREEMENT BETWEEN IOWA WESTERN COMMUNITY COLLEGE, THE HOME INSTITUTION, AND ANOTHER INSTITUTION OF HIGHER EDUCATION, THE HOST INSTITUTION. IOWA WESTERN COMMUNITY COLLEGE WILL AWARD FINANCIAL AID TO THE STUDENT BASED ON ALL THE TERMS AND CONDITIONS REQUIRED BY THE FEDERAL FINANCIAL AID PROGRAMS. **PLEASE NOTE THAT THE STUDENT MUST COMPLETE AND SUBMIT A CONSORTIUM AGREEMENT FOR EACH TERM THAT HE OR SHE IS ENROLLED AT BOTH INSTITUTIONS.**

### THIS SECTION NEEDS TO BE COMPLETED BY THE STUDENT:

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STUDENT ID NUMBER OR LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

STUDENT'S ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

TERM(S) FOR WHICH YOU PLAN TO ENROLL AT BOTH INSTITUTIONS (CHECK ALL THAT APPLY, AND WRITE IN THE YEAR FOR EACH TERM YOU CHECK):

FALL 20 \_\_\_\_\_  SPRING 20 \_\_\_\_\_  SUMMER 20 \_\_\_\_\_

### BY SIGNING BELOW, I HEREBY CERTIFY THAT I UNDERSTAND THE FOLLOWING:

- I MUST TAKE AT LEAST ONE COURSE AT IWCC TO RECEIVE FINANCIAL AID FOR THE SEMESTER I AM REQUESTING A CONSORTIUM AGREEMENT.
- I AM RESPONSIBLE FOR ANY EXPENSES CHARGED BY THE HOST INSTITUTION BEFORE MY IWCC AID IS AVAILABLE.
- MY FINANCIAL AID WILL NOT BE DISBURSED UNTIL THE IWCC FINANCIAL AID OFFICE RECEIVES THIS FORM COMPLETED IN ITS ENTIRETY.
- A TRANSCRIPT OF THE CLASSES FOR WHICH I AM RECEIVING FINANCIAL AID MUST BE SENT TO IWCC AND THE TRANSFER CREDIT MUST SHOW ON MY PERMANENT RECORD BEFORE ANOTHER CONSORTIUM AGREEMENT WILL BE REVIEWED.
- I MUST INFORM THE IWCC FINANCIAL AID OFFICE, IN WRITING, IF I DROP ANY CLASSES AT THE HOST INSTITUTION.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

### THIS SECTION NEEDS TO BE COMPLETED BY THE HOST INSTITUTION:

NAME OF HOST INSTITUTION: \_\_\_\_\_

TERM FOR WHICH THE STUDENT IS ENROLLED:  FALL 20 \_\_\_\_\_  SPRING 20 \_\_\_\_\_  SUMMER 20 \_\_\_\_\_

START AND END DATES FOR THE TERM FOR WHICH THE STUDENT IS ENROLLED: \_\_\_\_\_

NUMBER OF CREDIT HOURS FOR WHICH THE STUDENT IS ENROLLED: \_\_\_\_\_ UNIT OF CREDIT:  SEMESTER HOUR  QUARTER HOUR

THIS STUDENT'S TUITION AND FEES FOR ENROLLED COURSES FOR THE TERM INDICATED ABOVE: \$ \_\_\_\_\_

### BY SIGNING BELOW, THE HOST INSTITUTION AGREES TO THE FOLLOWING:

- THE HOST INSTITUTION WILL NOT PROVIDE FINANCIAL ASSISTANCE TO THE ABOVE NAMED STUDENT FOR THE ABOVE NOTED TERM.
- IN THE CASE OF A DROP OR WITHDRAWAL, THE HOST INSTITUTION WILL PROMPTLY PROVIDE NOTICE, IN WRITING, TO THE IWCC FINANCIAL AID OFFICE.

SIGNATURE OF SCHOOL OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME OF SCHOOL OFFICIAL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PLEASE RETURN THE COMPLETED CONSORTIUM AGREEMENT TO THE IOWA WESTERN FINANCIAL AID OFFICE BY FAX OR MAIL.