



2016-2017

Consortium Agreement

Student's Name _____ ICC Student ID# _____

Consortium Semester (Circle One): Summer Fall Spring

NOTE: Student must complete this form for each semester for which they wish to receive financial aid under a consortium agreement.

I am planning to attend another community college or other college for the 2016-2017 award year. Read and complete **Section I** of this contract and forward it to the Financial Assistance Office at the other community college or other college (Host Institution) for them to complete **Section II**. Completing this contract will allow you to include hours from the Host School toward your enrollment status for determining your financial aid eligibility at Illinois Central College.

Section I: To be completed by the student

By signing this contract I am agreeing to the following terms;

- I am asking Illinois Central College to include my enrollment hours at my host school for Federal, state, and other financial aid eligibility at Illinois Central College. I may only apply for financial aid at one institution. I will cancel my pending aid at my Host School.
- Please submit a copy of your class schedule and billing statement from the Host school that shows the courses and cost of tuition for the classes you are taking.
- Financial aid will be applied to your account based on Illinois Central College's term schedule. The financial aid award year at Illinois Central College begins Fall 2016 and ends with Summer 2017.
- I agree to authorize my host institution to release any enrollment, academic grade, and tuition related information to Illinois Central College for the award year.
- I agree to only enroll in courses that are transferable and/or applicable to my degree program at Illinois Central College.
- I will notify Illinois Central College's Financial Assistance Office of any changes in enrollment (adding/dropping classes) at my Host school.
- I understand that I am subject to all policies in ICC Student Handbook, including the Financial Aid Satisfactory Academic Progress.
- I am required to send an official transcript to Illinois Central College Financial Assistance Office at the conclusion of each term that I was enrolled at my host institution for which Illinois Central College processed a Student Contract. Failure to submit official transcripts may cause a reduction or cancellation of aid for the term in which grades were not submitted, and will prohibit aid from being processed for subsequent terms.
- I have read and understood the terms of the Consortium Agreement between my host institution and Illinois Central College.
- My financial aid will be applied to my balance at Illinois Central College first and any refund will be sent directly to me. It is my responsibility to pay my host institution or set up payment arrangements for any balance owed, even if aid has not yet been applied at ICC. A refund will not be released until ICC has received confirmation of actual enrolled hours from my Host school. PLEASE INITIAL HERE _____.

➤ _____
Student Signature Date

Section II: To be completed by the Host institution

I, the host institution representative, agree by signing this contract to the following terms:

- This signed agreement acts as my release form for academic grade, financial aid, transcript or balance related information on this student.
- I agree to release actual enrollment information to Illinois Central College upon request and changes of enrollment within 30 days for the term in which a Student Contract is processed.
- Illinois Central College will process all financial aid for this student for the terms outlined below and on the front of this contract.
- I have provided this student’s status with our institution below:

Please check next to the appropriate information for this student:

_____ My institution did not award financial aid for this student for the aid year 2016-2017

_____ If my institution did award financial aid for this student for the aid year of 2016-2017, It has been canceled.

_____ My institution awarded financial aid and I am listing all aid below. (If aid was canceled for any terms, write canceled in the boxes for that term. Also please indicate any scholarships, BVR, state or federal aid this student receives.)

_____ My institution offers a payment option for students participating in a consortium agreement.

Financial Aid Type	Fall 2016 and amount	Spring 2017 and amount	Summer 2017 and amount

Host FA Representative Signature

Date

Please forward this completed form to:

Financial Assistance Office,
Illinois Central College,
1 College Dr,
East Peoria, IL 61635
Fax: 309-694-5160

ICC FA Representative Signature

Date