

## 2024-2025 Financial Aid Consortium Agreement

Between McDowell Technical Community College (home school) and

		(Name of host school)		
McDowell Technic	cal Community College a	and the school named above are he	rein entering into	a Consortium Agreement for:
Student Name	e (First, Last)	Last Four of SSN	DOB	Telephone Number
For which semester	are you completing th	nis form? <b>You may only com</b> j	olete this forn	ı for one term at a time.
<ul><li>Fall 2024</li><li>Summer 203</li></ul>		Spring 2025		
Note: Student	ts <b>must</b> complete th	nis form for <b>each</b> semester th Consortium Agreement.	ey wish to rece	eive financial aid under a
Section I–Stude	ent Criteria			
The student must:	:			
<ol> <li>Take course least a 'C' o</li> <li>Be enrolled making 'Sa'</li> <li>Submit this student's ac proving cou</li> <li>Submit an chours back semesters received.</li> </ol>	es at the Host School rhigher grade. I (for the semester in tisfactory Academic s completed form to ecount until proof of urse is needed for the official transcript from to MTCC immediates will not be disbuted.	a part of their program of students of which are transferable to the dicated on the form) in a degrogress' as specified in the latter MTCC Financial Aid Offication from the Host See program is received by the latter the Host School to the MTely after the term specified or arsed to the student's account at the Host or any other school	gree-seeking progree-seeking progree. Aid will not chool and a cu MTCC Financi TCC Registrar's a this form endount until the	rogram at MTCC and t be disbursed to the rrent student EVAL al Aid Office. s Office to transfer the ds. <b>Aid for subsequent</b>
Student Signature	:	tudent information is given above)		Date:
	(Required if s	tudent information is given above)		

## Section II-To be completed by Host School

Will the student receive financial aid at your institution?

- Yes-STOP. Do not complete the remainder of this form. Please sign the form and return it to the student.
- No-If 'no' please complete the remainder of this form.

Course Prefix/Number/Name of Course from host school:	Credit Hours:	Tuition and Fees:	Enrollment Dates:

The Financial Aid Office at McDowell Technical Community College must be notified if the student drops or withdraws from the course(s) on this form.

Please return this completed form to the address and/or email below.

Printed Name
Date