



**CONSORTIUM AGREEMENT**

As allowed in Part 668.19, Student Assistance General Provisions, and Part 690.8, Pell Grant Program, Code of Federal Regulations, this Consortium Agreement is entered into between Jefferson Community College (the home institution) and \_\_\_\_\_, (the host institution) for the purpose of providing federal financial assistance to the student named below:

- 1. **Name of student:** \_\_\_\_\_
- 2. **Student ID #:** \_\_\_\_\_
- 3. **Home Address:** \_\_\_\_\_  
\_\_\_\_\_
- 4. **Academic Year:** \_\_\_\_\_
- 5. **Dates of Enrollment:** \_\_\_\_\_
- 6. **This agreement applies to:**
  - A. Pell Grant \_\_\_\_\_
  - B. Campus-based \_\_\_\_\_
  - C. Stafford loan \_\_\_\_\_
  - D. NYS TAP \_\_\_\_\_

**TO BE COMPLETED BY HOST INSTITUTION:**

- 7. Pell Grant Cost of Attendance for Academic Year: \$ \_\_\_\_\_
- 8. Institutional Budget for Campus-based Financial Aid for  
Period of Enrollment: \$ \_\_\_\_\_
- 9. Number of credits enrolled for at host institution: \_\_\_\_\_  
Class Names: \_\_\_\_\_  
\_\_\_\_\_
- 10. Length of Period of Enrollment - Dates : \_\_\_\_\_

**Host Institution:** Please send a copy of the student’s bill/registration verification noting specific dates of attendance for classes to [mclemons@sunyjefferson.edu](mailto:mclemons@sunyjefferson.edu) or by fax at 315-786- 2349.

**CERTIFICATION**

- A. The Host Institution certifies that the above-referenced student is enrolled for the period of attendance in #5.
- B. The Host Institution agrees that it will NOT pay the student a Pell Grant and/or any campus-based funds and that it will NOT certify a Stafford Student Loan during the period of attendance stipulated in #5. Further, the Host Institution agrees that it will inform Jefferson Community College if the student drops or withdraws before the end of the period of attendance stipulated in #5.
- C. Jefferson Community College agrees to accept the credits earned at the Host Institution.
- D. Jefferson Community College agrees to provide payment to the student, if eligible, under the programs listed above in #6 for the appropriate period of time.
- E. Jefferson Community College agrees to monitor the student’s program pursuit and satisfactory academic progress and to be responsible for disbursing funds to the student, and from administering the appropriate refund policy.

**Jefferson Community College:**

**Host Institution:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**STUDENT CERTIFICATION**

By entering into this consortium agreement, I agree to obtain verification of credit applicability from the JCC Transcript Evaluator (if requested) and I agree to submit a final grade report to the JCC Financial Aid Office to verify successful completion.

I understand that if I do **NOT** complete consortium class(es) at the Host Institution, I may accrue a balance and may forfeit my future aid eligibility at Jefferson. I agree to contact JCC’s Financial Aid Office *immediately*, should I withdraw and/or be unable to complete the class(es) I am registered for at the Host Institution.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**