

Financial Aid Consortium Agreement

Between
Eastern Wyoming College
And

Name of Host School

Eastern Wyoming College (EWC) and the above named school are herein entering into a consortium agreement for:

Student Name (Please Print) Social Security Number Telephone

Address: Street City State Zip Email Address

EWC Campus Location: _____
(Torrington, Chugwater, Glendo, Douglas, Glenrock, Guernsey, Hulett, Lusk, Moorcroft, Newcastle, Sundance, Upton, Wheatland)

For which semester are you completing this form: Fall 20__ Spring 20__ Summer 20__

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

Section I – Student Criteria

The student must:

1. Take courses at the Host School which are transferable to their degree program at EWC
2. Be enrolled in a degree-granting program at EWC, attending at least one class and making satisfactory academic progress as specified by the EWC Satisfactory Progress policy.
3. Submit this form along with a copy of their registration from their Host School to their Financial Aid Office.
4. Submit an official grade transcript from their Host School(s) at the end of the semester.
5. NOT be receiving financial aid at the Host School.

Student Signature

Date

Please return this form to:

Eastern Wyoming College
Financial Aid
3200 West C Street
Torrington, WY 82240
307-532-8224
307-532-8222 (fax)

OVER

Student Name (Please Print)

Section II – To be completed by your Academic Advisor at EWC

What courses will you be taking at the HOST school?			Equivalent course at EWC?		
Course #	Course Title	# Credits	Course #	Course Title	# Credits

Academic Advisor's Signature: _____ Date: _____

Section III – To be completed by the Host School

Will the student receive financial aid at your institution? Yes No

If "Yes", **STOP**. Do not complete the remainder of this form. Please sign the form and return it to the student.

If "No", please complete the remainder of this form:

Dates of Enrollment under this Agreement	Number of Credits
to	
Tuition and Fees	\$
Books and Supplies	\$
Room & Board	\$
Total	\$

Host School Financial Aid Officer's Signature	Please print or type name
Street Address	City, State, Zip
Telephone No. / E-mail Address	Date

The student's funds will be disbursed directly to the student. It will be the student's responsibility to pay the balance due to your institution.