



2019-2020 Consortium Agreement

Return this form to:
Mail: HCC Financial Aid
606 West Main
Highland KS, 66035
Email: financialaid@highlandcc.edu
Fax: 785-442-6106

Student Information

_____	_____	_____	_____
Last Name	First Name	MI	Student ID
_____ _____ _____	(_____)_____-__	_____	_____
Date of Birth	Telephone Number	E-Mail Address	
_____		_____	
Host Institution		Semester of Consortium Agreement	

Please let this letter serve as a Consortium Agreement between Highland Community College and the above listed institution. Highland Community College will award financial aid for the semester mentioned above.

The student will be enrolled in at least (_____) hours at your institution. They will apply these hours to their degree at Highland Community College. If you are interested, Highland Community College will proceed with the payment of financial aid to the above named student. Please sign on the space provided below and return to the financial aid office at Highland Community College at your earliest convenience.

Sincerely,

Joshua North
Director of Financial Aid

Host School Certification

The host institution certifies that the information completed above is fully correct and agrees that Highland Community College will provide all financial aid for which the student is eligible.

Printed Name: _____

Signature: _____ Date: _____

Title: _____

E-mail: _____

Phone Number: _____

Consortium Agreement: Student Agreement

I, _____, acknowledge Highland Community College’s Consortium Agreement with my Host Institution mentioned above

I agree to be enrolled in a minimum of 6 credit hours with Highland Community College, during the semester I listed above. I agree to send official transcripts at the end of the semester from the listed Host Institution to verify academic progress at the institution. I understand that I must pay my Host Institution directly for any tuition and fees accrued.

Signature: _____ Date: _____