



Return this form to:
Mail: HCC Financial Aid
 606 West Main
 Highland KS, 66035
Email: financialaid@highlandcc.edu
Fax: 785-442-6106
Phone: 785-442-6000 ext. 2002

2024-2025 Consortium Agreement

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 (HCC) and the above listed institution. HCC will award financial aid for the semester stated above.

The student will be enrolled in at least (____) hours at your institution. These hours will be applied to their degree at Highland Community College. If you agree, HCC will proceed with payment of financial aid to the above-named student. Please sign on the space provided below and return to the financial aid office at HCC at your earliest convenience.

Sincerely,
 Sarah Windmeyer
 Director of Financial Aid

Host School Certification

The host institution certifies the information completed above is complete and correct and agrees 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 HCC, 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.

Student Signature: _____ Date: _____

Signature must be handwritten; digital signature not accepted.