

# CONSORTIUM AGREEMENT FOR ADMINISTRATION OF FINANCIAL AID

**HOME INSTITUTION:** Check the box next to the name of the Institution that will grant your degree or certificate. This is the Institution that will process your Financial Aid.

**Southeast Missouri State University**  
 One University Plaza MS 3740  
 Cape Girardeau MO 63701

**Mineral Area Community College**  
 PO Box 1000  
 Park Hills MO 63601-1000

**St. Louis Community College  
 @ Florissant Valley**  
 3400 Pershall  
 St. Louis MO 63141

**Three Rivers Community College**  
 2080 Three Rivers Blvd  
 Poplar Bluff MO 63901

**Southeast Missouri Hospital**  
 College of Nursing & Health Sciences  
 2001 William Street  
 Cape Girardeau MO 63701

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NAME OF STUDENT	SOCIAL SECURITY NUMBER	BANNER ID # <b>SO</b>	
STREET ADDRESS	CITY	STATE	ZIP
E-MAIL ADDRESS			

<b>ENROLLMENT PERIOD</b> <b>SEMESTER</b> (Check only one)	<b>NUMBER OF ENROLLEMENT HOURS AT HOME INST.</b>
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	

**HOST INSTITUTION** (If school name does not appear above, please enter contact information here):

SCHEDULE AT HOST INSTITUTION			
Course #	Course Title	Sem. Hours	Total Tuition

Your signature below indicates that you have read the information on the wrap with this form and agree to all policies and requirements of this Consortium Agreement for the aforementioned period of enrollment at both the Host Institution and the Home Institution.

<b>Student Signature</b>	<b>Date</b>	<b>Education Center Location</b> <input type="checkbox"/> SAHEC <input type="checkbox"/> KAHEC <input type="checkbox"/> BEC <input type="checkbox"/> PAHEC
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<b>Host Institution Registrar Signature</b>	<b>Date</b>	<b>Host Institution Financial Aid Director Signature</b>	<b>Date</b>
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<b>Home Institution Registrar Signature</b>	<b>Date</b>	<b>Home Institution Financial Aid Director Signature</b>	<b>Date</b>
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One University Plaza  
Cape Girardeau MO 63701



PO Box 1000  
Park Hills MO 63601



**St. Louis Community  
College**

8001 Natural Bridge Road  
St Louis MO 63121



2080 Three Rivers Blvd  
Poplar Bluff MO 63901

jefferson  
college

1000 Viking Drive  
Hillsboro MO 63050



3400 Pershall Rd  
St Louis MO 63141

**2008 – 2009**

### **Consortium Agreement for Administration of Financial Aid**

A consortium agreement allows schools to process financial aid for a student based on enrollment at more than one school. The institution that processes and pays the student financial aid is the Home Institution. The institution that does not process or pay the student financial aid is the Host Institution. The Home Institution is determined by several different criteria. When you enroll in your classes for each semester your academic advisor at the school will determine which institution is the Home Institution for that semester based on the criteria.

The agreement enclosed in this wrap, when fully complete, will allow the Home Institution to process your financial aid based on the combined enrollment of the Home and Host Institution for the specified semester. You must have at least 6 credit hours of enrollment through the Home Institution to complete the consortium agreement. You must be a degree or certificate-seeking student with the Home Institution to complete this agreement. **DO NOT COMPLETE THE CONSORTIUM AGREEMENT IF YOU WILL BE ENROLLED FULL TIME (12 OR MORE CREDIT HOURS) AT ONE INSTITUTION.**

#### STUDENTS RIGHTS AND RESPONSIBILITIES

- The Home Institution will determine enrollment status.
- A Consortium Agreement must be completed for each semester of combined enrollment
- The Home Institution will process your financial aid and apply it to your account at the Home Institution.
- It is **your responsibility** to meet payment deadlines at the Host Institution or to make arrangements with the Host Institution regarding payment of tuition or fees.
- This consortium does not mean you do not owe the Host or Home institution any money. **DO NOT** ignore any bills you receive from either the Host or Home institution. If you receive a bill from either institution contact that Billing Office immediately.
- Cost of attendance is based on the standard charges applicable to concurrent enrollment at the Home and Host Institutions
- *You must notify the Home Institution's Financial Aid Office, **in writing**, if you drop hours or withdraw from either the Home or Host Institution.*
- All federal aid recipients must maintain satisfactory academic progress for financial aid in accordance with the policy of the Home Institution.
- The student must request academic transcripts from the Host Institution to be sent to the Home Institution upon completion of the semester. Failure to do so **can** result in cancellation of financial aid at the Home Institution.
- Consortium Agreements must be completed by the student and the Host Institution and received by the Home Institution no later than the end of the Home Institutions first week of class each semester. This date may be different at each institution.

## Instructions for Completing the Consortium Agreement for Administration of Financial Aid

- You **MUST** complete your portion of the Consortium with Name, Address, Social Security number, Phone, Enrollment period at Home Institution, Full name of Host Institution, Schedule at Host Institution and Signature.
- Deliver in person or through mail to the Host Institution for appropriate signatures and approval. The Host Institution will send the agreement to the Home Institution to be processed.

1. Mark the box next to the school that will be your Home Institution (will process financial aid).

### CONSORTIUM AGREEMENT FOR ADMINISTRATION OF FINANCIAL AID

**1 HOME INSTITUTION:** Check the box next to the name of the Institution that will grant your degree or certificate. This is the Institution that will process your Financial Aid.

2. Complete the Name, Social Security Number, Address, and Phone Number.

- Southeast Missouri State University**  
 One University Plaza MS 3740  
 Cape Girardeau MO 63701
- Mineral Area Community College**  
 PO Box 1000  
 Park Hills MO 63601-1000
- St. Louis Community College @ Florissant Valley**  
 3400 Pershall  
 St. Louis MO 63141

3. Check the semester that the consortium is for and indicate the number of hours that you are enrolled in at the Home Institution.

- Three Rivers Community College**  
 2080 Three Rivers Blvd  
 Poplar Bluff MO 63901
- Southeast Missouri Hospital**  
 College of Nursing & Health Sciences  
 2001 William Street  
 Cape Girardeau MO 63701
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4. Include the name of the Host Institution (other school you are attending).

<b>2</b> NAME OF STUDENT	SOCIAL SECURITY NUMBER	BANNER ID # <b>SO</b>
STREET ADDRESS	CITY	STATE   ZIP
E-MAIL ADDRESS		

5. List the courses that you are taking at the Host Institution. Complete all sections.\*

<b>3</b>	<b>ENROLLMENT PERIOD</b>	<b>NUMBER OF ENROLLEMENT HOURS AT HOME INST.</b>
SEMESTER (Check only one)	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	

6. Sign and date the consortium

**4** **HOST INSTITUTION** (If school name does not appear above, please enter contact information here):

7. This is the location for the Host Institution signatures.(Do not complete)

**5**

SCHEDULE AT HOST INSTITUTION			
Course #	Course Title	Sem. Hours	Total Tuition

8. This is the location for the Home Institution signatures.(Do not complete)

**\*Incomplete Consortium forms will be returned to the student**

**6** Signature below indicates that you have read the information on the wrap with this form and agree to all policies and requirements of this Consortium Agreement for the aforementioned period of enrollment at both the Host Institution and the Home Institution.

<b>7</b> Student Signature	Date	Education Center Location <input type="checkbox"/> SAHEC <input type="checkbox"/> KAHEC <input type="checkbox"/> BEC <input type="checkbox"/> PAHEC
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<b>8</b> Host Institution Registrar Signature	Date	Host Institution Financial Aid Director Signature	Date
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Home Institution Registrar Signature	Date	Home Institution Financial Aid Director Signature	Date
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## **DEADLINES FOR FINANCIAL AID**

(These dates are tentative and are subject to change.)

<u>August 8, 2008</u>	Payment due date for Fall semester at Southeast Missouri State University
<u>August 29, 2008</u>	Consortium Deadline for Fall 2008
<u>January 5, 2009</u>	Payment due date for Spring semester at Southeast Missouri State University
<u>January 23, 2009</u>	Consortium Deadline for Spring 2009
<u>March 1, 2009</u>	FAFSA Priority Deadline at Southeast Missouri State University for 2009-2010 academic year
<u>April 1, 2009</u>	State Programs FAFSA Deadline for 2009-2010 academic year
<u>May 20, 2009</u>	Payment due date for Summer semester at Southeast Missouri State University
<u>June 19, 2009</u>	University Consortium Deadline for Summer 2009

## **READ AND REMEMBER**

- You must have a current FAFSA on file at the Home Institution in order to participate in a consortium agreement.
- Consortium agreements are not valid until the FAFSA process is complete. Do not complete or submit the agreement to the Host Institution until your financial aid has been processed and is complete at the Home Institution.
- Do not submit your consortium agreement until you are enrolled at both the Host and Home Institution.
- If you have been notified that you have eligibility for the Access MO Program or other state-funded programs, you must have 12 credit hours of enrollment per semester from your Home Institution in order to receive the funds. State Legislature does not permit combined enrollment through Consortium agreements for payment of state funded student financial aid.
- If you are eligible for any Southeast Missouri State University scholarship programs, you must be enrolled in at least 12 hours at Southeast in order to be eligible to receive funds.
- DO NOT complete this form if you will have full time enrollment (12 or more credit hours) at the Home Institution. A consortium is not necessary.
- Do not ignore any correspondence from your lender. Contact them immediately upon receipt of any discrepant information concerning enrollment verification.

## PARTICIPATING SCHOOLS

(This list is not all-inclusive. Contact SFS for more information.)

Southeast Missouri State University  
Student Financial Services  
Contact person: Brandy Crass  
(573) 986-7447  
One University Plaza MS3740  
Cape Girardeau, MO 63701  
Billing office  
Contact person: Linda Williams  
(573) 651-5129

St. Louis Community College  
@ Florissant Valley  
Financial Aid  
Contact person: Khaneetah Cunningham  
(314) 513-4226  
3400 Pershall Rd.  
St. Louis, MO 63135  
Coordinator: Brett Richardson  
(314) 513-4311

Jefferson College  
Financial Aid  
Contact person: Connie Marshal  
(573) 797-3000 ext. 219  
1000 Viking Dr.  
Hillsboro, MO 63050

University of MO (St. Louis)  
Financial Aid  
Contact person: Sherlie Wilson  
(314) 516-5529  
1 University Blvd. MSC 327  
St. Louis, MO 63121

Mineral Area College  
Financial Aid  
Contact person: Denise Sebastian  
(573) 518-2249  
P. O. Box 1000  
Park Hills, MO 63601  
Billing Office  
Contact person: Maggie Elliot  
(573) 518-2232

Southeast Missouri Hospital  
College of Nursing & Health Sciences  
Financial Aid  
Contact person: Marjorie Schwent  
(314) 334-6825  
2001 William St.  
Cape Girardeau, MO 63701

Three Rivers Community College  
Financial Aid  
Contact person: Davine Conover  
(573) 840-9606  
2080 Three Rivers Blvd.  
Poplar Bluff, MO 63901  
Advisor: Tinea Ortega  
(573) 840-9575  
Billing Office  
Contact person: Pamela Lumley  
(573) 840-9662

Missouri Southern  
Financial Aid  
Contact person: Brenda Blalock  
(417) 625-9584  
3950 E Newman Road  
Joplin, MO 64801-1595

Experience Southeast...*Experience Success*