



Consortium Agreement

This is an official Agreement between eligible schools to pay Pell Grant Funds to eligible Students.

Purpose: To establish that **Robeson Community College** (the “home” institution), **considers** the student to be enrolled in an eligible program and unconditionally accepts credits which are earned at _____ (the “host” institution) for credits towards the degree or diploma in that program. All courses considered for credit acceptance must be a grade of “C” or above.

Disbursement: I, _____, agree that Robeson Community College will be responsible for disbursing aid and monitoring student eligibility. I understand that financial aid can only be received at **one institution per semester** and I am requesting Robeson Community College, as my “home” institution, to process financial aid on my behalf. (The student will be evaluated for eligibility according to Robeson Community College’s academic, financial aid, and student aid policies).

Cost of Attendance: The Cost of Attendance will be based on Robeson Community College’s Pell Grant budget and Student Expense Budget with includes the following: tuition, fees, books/supplies, standard required room and board, miscellaneous/personal expenses and transportation.

Enrollment Status: The enrollment status of the student will be determined by the combined number of credit hours for which the student is enrolled at Robeson Community College and the “host” institution.

Required Documents: The student must submit a copy of their **paid validated registration form** and this **completed** Consortium Agreement to the Robeson Community College Financial Aid Office.

By submitting this agreement, the student is acknowledging the requirements set forth and agrees to have their financial aid processed by Robeson Community College as their “home” institution and to submit an Official transcript from the HOST Institution at the end of the semester this consortium covers.(failure to submit official transcripts may delay awarding of financial aid)

Agreement: Name of Student: _____ SS# _____
 Curriculum Enrolled: _____
 Enrollment Status at Robeson Community College Full 3/4 1/2 Less than 1/2
 Name of “Host” institution: _____
 Number of hours at “Host” institution _____ Semester _____ year

_____	_____	_____
Financial Aid Administration Robeson Community College	Registrar Robeson Community College	Financial Aid Administration “Host” Institution