

Please Print: Student Name (last, first)

WWCC ID #

WWCC CONSORTIUM AGREEMENT

As allowed in Part 668.19, Student Assistance General Provision and Part 690.8, Pell Grant Program, Code of Federal Regulations, this consortium agreement is entered into between the institutions below for the purpose of providing federal financial assistance to the named student.

THIS AGREEMENT IS ENTERED INTO BETWEEN:

THE HOME SCHOOL WALLA WALLA COMMUNITY COLLEGE	AND	THE HOST SCHOOL
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FOR

1. Student Name:	2. Social Sec.#:
3. Permanent Address:	
4. Permanent Phone#:	5. E-mail Address:
6. Name of Program:	
7. Expected Dates of Enrollment: (mmddyyyy)	From: _____ To: _____
8. This agreement will apply to: Pell Grant <input type="checkbox"/> FFLEP or Direct Loans <input type="checkbox"/> State Aid <input type="checkbox"/>	

TO BE COMPLETED BY HOST SCHOOL:

9. The student will be enrolled in _____ # <input type="checkbox"/> units or <input type="checkbox"/> credits or <input type="checkbox"/> Other: _____	
from _____ to _____ (specific dates)	
which is considered <input type="checkbox"/> ½ time <input type="checkbox"/> ¾ time <input type="checkbox"/> full-time enrollment <input type="checkbox"/> less than ½ time	
10. Please check the appropriate term for your institution: Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Other: <input type="checkbox"/>	

12. Enrollment Verification:

Please attach a copy of the official registration showing enrollment/courses for the above-listed term.

CERTIFICATION

- The Host School certifies that the student listed has been accepted for enrollment in the program listed above (#6)
- The Host School agrees not to pay the student Pell Grant and/or Campus Based funds or to process FFLEP or Direct Student Loans during the enrollment period listed above (#7).
- The Host School agrees to notify the Home School if the student withdraws from the program before its conclusion. Satisfactory conclusion of the program/courses will be evidenced by academic transcript upon written request of the student.
- The Home School agrees to provide payment to the student, if eligible, under the programs listed above (#8) for the appropriate period of time.

Home School: Walla Walla Community College	
_____ Signature	_____ Date
Maisee Peralez, Director of Student Financial Support Printed Name and Title	
Telephone: 509-527-3672 Email: maisee.peralez@ wwcc.edu	
Comments:	

Host School:	
_____ Signature	_____ Date
_____ Printed Name and Title	
Telephone: _____ Email: _____	
Comments:	