

**Blue Mountain Community College &
Eastern Oregon University & Treasure Valley Community College**

Student Title IV Federal Financial Aid Consortium Agreement

Home Institution: The institution from which you are currently seeking a degree and from which you intend to receive federal financial aid.

Host Institution: The institution(s) that you are taking course work from that will apply towards the degree you are seeking at the Home Institution.

In order to receive Title IV Federal Financial Aid from the "Home Institution", you must select which College will be considered your "Home Institution". SELECT ONLY ONE below:

Blue Mountain Community College
Financial Aid Office
2411 NW Carden
Pendleton, OR 97801
Fax: (541) 278-5889

Eastern Oregon University
Financial Aid Office
One University Blvd.
LaGrande, OR 97850-2899
Fax: (541) 962-3661

Treasure Valley Community College
Student Services Center
650 College Blvd
Ontario, OR 97914-3423
Fax: (541) 881-2721

Select the Academic Year and Term or Terms for which you plan to be co-enrolled (Note: students must complete a new Consortium Agreement every academic year):

Academic Year:

2009-2010 2010-2011

Terms:

Summer Fall Winter Spring

Complete and sign the **Student Information** section below and mail or fax the Student Federal Title IV Financial Aid Consortium Agreement to the "Home Institution";

Student Information: Please print

Name: _____ **SSN:** _____ **Phone :** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

My HOST school will be: Indicate with "X" Blue Mountain CC Eastern OR Univ. Treasure Valley CC

Student Certification - By signing this agreement I understand that:

- ✓ I agree to allow the Home & Host Institutions to share information about me regarding registration, transcripts, financial aid as necessary;
- ✓ I am only eligible to receive Title IV Federal Financial Aid from the "Home Institution";
- ✓ I am required to notify the "Home Institution" of other financial assistance (scholarships, tuition grants, etc) I am receiving from the "Host Institution";
- ✓ I must be taking at least one course at my HOME school to be eligible to receive federal aid;
- ✓ I am asking the home institution to pay Title IV Federal Financial Aid to me for courses that I agree to complete at the Home and Host Institutions. I understand that I am liable for any unpaid bill at either the Home or Host Institution;
- ✓ I understand that it is my responsibility to pay the bill at the Host school.
- ✓ I understand that this consortium agreement will terminate upon conclusion of the academic year indicated above.
- ✓ It is the student's responsibility to check with their advisor to assure that **ALL** of the classes taken at the host school count toward their degree program at the HOME school.
- ✓ I understand that the satisfactory academic progress standards at my "home" school will be used when determining my continued eligibility for federal Title IV aid.

Student Signature

Date

The "Home Institution" agrees to pay Title IV Federal Financial Aid to the above mentioned student based on the information provided in this Student Title IV Federal Financial Aid Consortium Agreement.

Home Institution Representative

Date

Host Institution Representative
Rev 02/2006, 05/2006

Date