2027-2028 Consortium Agreement

Financial Aid Office
3200 West C Street
Torrington, WY 82240
p: 307.532.8224
f: 307.532.8222
financialaid@ewc.wy.edu

A *Consortium Agreement* is an arrangement between two institutions for the financial benefit of a student who will be concurrently enrolled at both institutions. Eastern Wyoming College (EWC) is willing and interested in participating in consortium agreements with a student where the collaboration helps meet a student's educational goals. The agreement allows a student to receive financial aid from EWC as the home institution (HOME) for all eligible courses for which the student is enrolled, including those from a host institution (HOST). It is the student's responsibility to complete the agreement properly and ensure that all of the necessary steps are taken so that funding may be delivered and academic credit granted for the courses completed. **ALL fields are required. If a section is left blank the form will be returned to you and marked as incomplete. DEADLINE: Before the first day of EWC classes, but forms will be accepted through the end of the first week of classes for the semester indicated within the Agreement.**

Important Points:

- Federal Aid Applicants/Recipients: You MUST be eligible for Title IV Federal Financial Aid and your financial aid process must be complete before you will receive funds.
- Scholarship Recipients: Institutional funds and scholarships *may or may not* be eligible for the consortium process.
- You MUST be enrolled for a minimum of **one class** at EWC as HOME for this Agreement to be valid.
- You MUST meet and maintain EWC's Satisfactory Academic Progress Policies for Financial Aid with the combination of HOME and HOST grades and completion requirements.
- You MUST complete a new Consortium Agreement each semester of enrollment at a HOST school.
- You MUST be a degree- or certificate-seeking student at EWC to use this Agreement. Courses listed on this agreement MUST be required by your EWC program of study.
  (If EWC is your *HOST*, contact your *HOME* institution for their consortium form and requirements.)
- Students who have lost financial aid eligibility may *enroll* with a HOST institution (depending on HOST requirements), but cannot receive aid until aid eligibility is regained.
- You MUST request an official transcript be sent to the EWC Registrar from your HOST immediately following the completion of the semester covered by the Agreement.
- **You are responsible for all costs to the HOST.** EWC cannot pay them on your behalf.

STUDENT INFORMATION

Last Name	First Name	M.I.	EWC Student ID Number	Social Security Number *(last four digits)*

Mailing Address *(include apartment number)* _____ E-mail Address _____

City, ST, Zip _____ Phone Number *(include area code)* _____

Please indicate your reason for seeking a consortium agreement:

- ❑ Class not available at EWC
- ❑ Schedule conflict with another EWC class
- ❑ Other: _____

Please indicate what type(s) of financial aid you will be receiving during the semester of an approved Consortium Agreement:

- ❑ Federal aid (Pell Grant, Direct Loan, Work-Study)
- ❑ Hathaway Scholarship
- ❑ Veteran's Benefits
- ❑ Other financial aid

Please indicate the enrollment term for this Consortium Agreement (check one):

- ❑ Fall 2027
- ❑ Spring 2028
- ❑ Summer 2028

Please note: You must complete this form each semester for which you wish to receive financial aid under a Consortium Agreement.

HOME AND HOST INFORMATION

EWC Location:	*(Torrington, Douglas, Chugwater, Glendo, Glenrock, Guernsey, Hulett, Lusk, Moorcroft, Newcastle, Sundance, Upton, Wheatland)*
Host School:	
Host City/State:	

It is the student's responsibility to complete the agreement properly and ensure that all of the necessary steps are taken so that funding may be delivered and academic credit granted for the courses completed. **Please note: ALL fields are required. If a section is left blank the form will be returned to you and marked as incomplete.**

ENROLLMENT INFORMATION (Complete with EWC Academic Advisor)

For a course to be eligible it must be offered by an accredited HOST eligible to participate in Title IV Federal Aid Programs and accepted by HOME towards satisfying the student's degree requirements. You MUST be enrolled for a minimum of one class at EWC as HOME for this Agreement to be valid. Please work with your EWC Academic Advisor to complete the course enrollment information below (both sections are required):

What course(s) will the student be taking at HOST school?			**Equivalent course(s) at EWC?**		
Course Subject & Number	Course Title	Credits	Course Subject & Number	Course Title	Credits

By signing below, Advisor confirms that course(s) listed from HOST school are required for student's EWC degree program.

Advisor Signature: _____ *Date:* _____

Advisor printed name: _____

Registrar Signature: _____ *Date:* _____

STUDENT AGREEMENT & CERTIFICATION

Please read the following expectations/Consortium Agreement Policies. After reading, please indicate agreement by writing (or typing, if filling out the PDF version) your initials to the right of each statement (in the space provided).

1. I am taking (a) course(s) at the HOST school listed above that is/are transferable to my degree at EWC	
2. I am NOT receiving financial aid at the HOST school	
3. I am enrolled in and attending at least one class at EWC for the Enrollment Term checked above and am making Satisfactory Academic Progress as specified by EWC's Satisfactory Academic Progress Policies for Financial Aid	
4. I am enrolled in a degree/certificate program at EWC; EWC will confer my degree upon successful completion of my program	
5. I will notify EWC and HOST of any change in my enrollment status, including withdrawing from or not attending courses: *If you drop or withdraw from courses at your host school, you are required to submit an official receipt of your dropped courses to your consortium liaison at the home school. Please be aware that dropping or withdrawing from classes in your consortium agreement may affect your SAP. You may only completely withdraw from a consortium agreement twice. If you drop all courses at both schools, the home institution will perform a Return of Title IV Funds calculation and may return funds to federal accounts. This could result in a bill on your student account.*	
6. I will request an official grade transcript from my HOST school to be sent to EWC at the end of the semester.	
7. I am responsible for paying educational expenses at my HOST school	
8. I authorize my HOST school to release any necessary academic and/or financial information for the above course(s) to EWC	

By signing below, I certify that I have read, and that I understand and will abide by all Consortium Agreement Policies

_____

Student's Signature (**Handwritten** signature required) *Date*

Consortium Agreement
HOST SCHOOL Certification

Please return completed form to:
Financial Aid Office
3200 West C Street
Torrington, WY 82240
p: 307.532.8224
f: 307.532.8222
financialaid@ewc.wy.edu

STUDENT INFORMATION

Student Name: (please print)

RECEIVING FEDERAL AID AT HOST

ONLY complete this section if the student will be receiving federal financial aid at your institution.

Please select the types of federal aid the student will be receiving at your institution:

- ❑ Pell Grant
- ❑ Direct Subsidized Loan
- ❑ Direct Unsubsidized Loan
- ❑ Work-Study
- ❑ SEOG
- ❑ Other: _____

_____

STOP. Do not complete the rest of the worksheet; sign below and return to EWC or student only.

_____
HOST Financial Aid Officer's Signature

NOT RECEIVING FEDERAL AID AT HOST

ONLY complete this section if the student will NOT be receiving financial aid at your institution.

Please provide the enrollment period and number of credits at HOST:

_____ to _____ # of credits enrolled: _____
mm/dd/yy *mm/dd/yy*

ASSOCIATED COSTS for ENROLLED SEMESTER

Tuition/Fees $ _____
Books/Supplies $ _____
Room/Board $ _____
Other $ _____
Other $ _____

HOST SCHOOL OFFICIAL'S SIGNATURE

The student's funds will be disbursed directly to the student. It is the student's responsibility to pay the balance due to the HOST.

I certify the above named student is registered at HOST listed for the enrollment period designated above in an academic program that meets the Title IV student financial aid eligibility requirements. I certify that the HOST will not award any financial aid for the enrollment period. I will notify EWC if the student does not begin attendance in the courses listed and approved in this consortium agreement. I will inform EWC immediately of any change in enrollment status, including failure to attend course(s), withdrawing from course(s), including withdrawal dates and/or last dates of attendance, or approval of any course substitution(s).

_____ _____
HOST Financial Aid Officer's Signature *Please print or type name*

_____ _____
HOST Financial Aid Officer's Title *Date*

_____ _____
HOST School Street Address *City, State, Zip*

_____ _____
HOST School Phone Number *HOST School Fax Number or e-mail Address*

Under this agreement, the HOST agrees to make available applicable student consumer information required under Title IV. As HOME, EWC retains responsibility for enrollment reporting of all credits to the National Student Loan Data System (NSLDS). Neither institution waives its governmental immunity by entering into this Agreement. Both institutions fully retain all immunities and defenses provided by law. This Agreement may be canceled by either institution upon written notification and will automatically terminate at the conclusion of the enrollment period identified.