



WALSH FINANCIAL AID CONSORTIUM AGREEMENT REQUEST

Section A: To be completed by student.

Student Last Name	Student First Name	ID#	Last 4 Digits SSN
Host Institution (Community College): _____		Consortium Term (Write): FA___ WI___ SP___ SU___	
Consortium Agreements are only good for one semester. You may not use one term at Host Institution to coincide with two terms at Walsh.			
Host Term Dates: ____/____/____ to ____/____/____			
Host Course Prefix	Semester Credits		

Section B: Student Requirements and Eligibility

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| <ol style="list-style-type: none"> 1. I must attach the following required documentation: <ol style="list-style-type: none"> a. Proof of registration from the Host Institution b. Proof of Walsh Concurrent Agreement 2. I understand that I must: <ol style="list-style-type: none"> a. Be an undergraduate student b. Have received either a financial aid or a scholarship offer from Walsh for the current academic year. c. Decline federal funds from the Host Institution during the same enrollment period. e. Pay the Host Institution's charges; Walsh will not disburse funds until the start of the Host Institution term and two weeks after Walsh term begins (whichever comes first). 3. I understand if I am requesting a loan and are enrolled less than half-time at Walsh, my loan can only be processed after a signed consortium agreement from Host Institution is received confirming enrollment necessary to be considered at least half-time. 4. I will immediately notify Financial Aid if my enrollment changes at Walsh or the Host Institution. <ol style="list-style-type: none"> a. Changes in enrollment may invalidate the consortium agreement or require reduction or cancellation of awards, which may result in a balance owing to Walsh or the U.S. Department of Education. 5. I understand that the cost of attendance budget used to determine financial aid eligibility may be modified (increased or decreased) based on information contained within this consortium agreement. This may affect the types and amounts of financial aid for which I am eligible. | <ol style="list-style-type: none"> 6. I understand this consortium agreement applies only to the following types of aid: <ol style="list-style-type: none"> a. Federal Pell Grant b. Federal Supplemental Educational Opportunity Grant (FSEOG) c. Federal Direct and PLUS Loans d. Michigan Tuition Grant 7. I will submit official transcripts from the Host Institution to Walsh Admissions Office indicating grades for the consortium courses within two weeks of the end of the consortium term. <ol style="list-style-type: none"> a. You are expected to receive a grade of C or better to transfer to Walsh. b. All consortium courses will be included in my Satisfactory Academic Progress pace calculation. (Cumulative 2.0+ GPA and 67% completion of courses attempted). c. If I do not submit transcripts within the required time frame, Walsh will assume I did not complete any of the consortium courses. d. If I do not successfully complete courses and do not provide a transcript demonstrating successful completion of any consortium credits, any aid awarded for the consortium semester may be subject to reduction or cancellation, which could result in a balance owing to Walsh or the U.S. Department of Education. e. Failure to submit official transcripts on time will delay payment on future terms. Financial Aid will NOT be made until Walsh has received and evaluated your official transcript. |
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Section C: Student Signature

By signing this Walsh Financial Aid Consortium Request, I certify that:

- All of the information reported is complete and accurate.
- I have read and understand the agreement and will abide by it.

Student Signature	Date
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Section D: To be completed by Financial Aid Office

Approved: _____ Denied: _____ Approved with Changes: _____

Host Institution Tuition/Fee Costs: _____

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|--|---|
| <input type="checkbox"/> Meeting SAP Requirement | <input type="checkbox"/> Walsh Consortium Agreement Notice Mailed and in Idoc |
| <input type="checkbox"/> Walsh Financial Aid Offer in Idoc | <input type="checkbox"/> Colleague Screens Updated: Aide FRCC |
| <input type="checkbox"/> Host Intuition Proof of Registration in Idoc | <input type="checkbox"/> Updated Excel |
| <input type="checkbox"/> Walsh Concurrent Enrollment Agreement provided by student in Idoc | <input type="checkbox"/> Consortium Agreement Sent to Host Institution |

Official Transcript: Received Evaluated

Funds Returned _____

- Noted Walsh Concurrent Enrollment in Idoc

FA Signature _____