

JSRCC FINANCIAL AID CONSORTIUM AGREEMENT

Home Institution	Host Institution
J. Sargeant Reynolds Community College (JSRCC)	Institution Name:
Office of Financial Aid	Street Address:
P.O Box 85622	City:
Richmond, VA 23285-5622	State: Zip:
Fax Number: (804) 371-3739	Fax Number:

Section I: To Be Completed By The Student	
Name: _____	EmplID: _____
Home Address: _____	City: _____
State: _____ Zip: _____	Contact Number: _____ Email Address: _____
Consortium Term: Fall: _____ Spring: _____ Summer: _____	
Statement of Authorization	
I agree to the following terms and conditions:	
<ul style="list-style-type: none"> To submit this form to JSRCC Office of Financial Aid upon completion by myself and my Academic Advisor. To inform JSRCC Office of Financial Aid immediately if I choose not to enroll or otherwise cancel my participation in the program. To allow JSRCC and my Host Institution to share information relating to my enrollment and financial aid eligibility. To maintain Satisfactory Academic Progress (SAP) requirements To request the Host Institution to mail an official transcript of all class grades to the JSRCC Office of the Registrar. To only enroll in class(es) that will transfer into my current program of study and understand that failure to do so will result my consortium agreement being denied. 	
I understand that:	
<ul style="list-style-type: none"> JSRCC will not provide an early release of financial aid or send payments to my Host Institution and therefore, I am responsible for paying any tuition and fees to the Host Institution out of pocket prior to their payment deadlines. Under no circumstances will my financial aid be disbursed until after the last day to drop a class with a refund for the latest term for which I am enrolled. This agreement does not guarantee an increase in the amount of financial aid I will be eligible to receive. 	
Student Signature: _____	Date: _____

Section II: To Be Completed By JSRCC Academic Advisor and Registrar

I have reviewed the program of study for the student listed in Section I above and affirm that the courses listed below are acceptable for transfer and will be applied toward the student's degree or certificate at J. Sargeant Reynolds Community College, if completed with a grade of "C" or better.

Course Title	Credit Hours	Start Date	End Date
Ex: ENG 111	3	8/26/2019	12/14/2019

JSRCC Academic Advisor Signature: _____ Date: _____

Printed Name: _____ Department: _____

Registrar Staff Signature: _____ Date: _____

Upon completion of this section please submit to finaid@reynolds.edu

Section III: To Be Completed By Host Institution

Statement of Certification:

The Host Institution agrees to:

- Not process or award any Federal Title IV financial aid for this student.
- Share information about this students enrollment including notifying JSRCC if the student withdraws from the program or decreases enrollment before its conclusion.

Is the Host Institution eligible to award Federal Title IV financial aid?

Yes

No

I agree to the Statement of Certification above and confirm that the student in Section I is enrolled in only the approved classes listed above in Section II at (name of institution) _____.

Comments: _____

Host Institution Financial Aid Office Staff Signature: _____

Print Name: _____ Email: _____

Office Phone: _____ Office Fax: _____

Upon completion please send the form to the office of financial aid at finaid@reynolds.edu or fax it to (804) 371-3739.

Section IV: To Be Completed By JSRCC Office of Financial Aid (all other sections must be completed)

Approved Financial Aid:

Award Name:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Eligibility: \$ _____

Under this consortium agreement, JSRCC:

- Agrees to process the student’s Title IV financial aid application and provide payment of Title IV funds (if eligible) as appropriate for the consortium agreement.
- Will calculate Return of Title IV (R2T4) funds, when needed.
- Will maintain Title IV record keeping and reporting requirements.
- Will maintain all records in accordance with federal regulations.

JSRCC Financial Aid Office Staff Signature: _____ **Date:** _____

Printed Name: _____ **Office Phone Number:** _____

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