



# 2025-26 Financial Aid Consortium Agreement

This agreement is entered into between the institutions listed on this form for the purpose of providing financial assistance to the named student. The agreement indicates that Clark State College is the Home Institution and \_\_\_\_\_ is the Visiting Institution.

## SECTION A: STUDENT INFORMATION

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

## SECTION B: VISITING INSTITUTION INFORMATION

Institution Name: \_\_\_\_\_

Semester and number of credit hours at the Visiting Institution:

- Fall 2025 \_\_\_\_\_ credit hours  
 Spring 2026 \_\_\_\_\_ credit hours  
 Summer 2026 \_\_\_\_\_ credit hours

## SECTION C: READ AND INITIAL THE FOLLOWING

- I understand that I can only receive financial aid at one institution during the enrollment period. I am responsible for any fees not covered by my financial aid. It is my responsibility to ensure that my financial aid is in order prior to the billing due dates.
- I understand that I must complete this form each semester for which the consortium is requested.
- I understand that I must make satisfactory arrangements for payment with the Visiting Institution according to their policy regarding consortium students.
- I agree to comply with both the Home Institution and Visiting Institution's policies regarding academics, refunds, Satisfactory Academic Progress and eligibility requirements.
- I agree to provide the Home Institution with an academic transcript at the completion of the consortium period. Failure to provide a transcript may result in the loss of aid.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Acceptable signature formats include hand-written signatures, signatures made using a stylus or finger or an image representation of your signature.**

## SECTION D: TO BE COMPLETED BY THE VISITING INSTITUTION

Dates of Enrollment: \_\_\_\_\_

Cost of program: Tuition and fees:  
 Books and Supplies:  
 Room and Board:

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

Actual number of hours enrolled: Quarter hours \_\_\_\_\_ Semester hours\_\_\_\_\_

Has the Visiting Institution awarded any financial aid to the student for the 2025-2026 year?

Yes  No

If Yes, please indicate type and amount: \_\_\_\_\_

**Certification:**

1. The visiting school agrees to notify the Clark State of any changes in the student's enrollment status.
2. The visiting school agrees not to pay any federal or state financial aid to the student for the consortium period listed above.
3. Please attach a copy of the student class schedule

\_\_\_\_\_  
**Signature of Financial Aid Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name/Title Phone/E-mail address**

\_\_\_\_\_  
**Name/Address of Visiting School**

**SECTION E: TO BE COMPLETED BY CLARK STATE ADVISOR**

Requested course(s) are transferrable and will apply towards the student's degree.

Clark State Academic Advisor's Name: \_\_\_\_\_

\_\_\_\_\_  
**Clark State Academic Advisor's Signature**

\_\_\_\_\_  
**Date**

Clark State Director of Advising's Name: \_\_\_\_\_

\_\_\_\_\_  
**Clark State Director of Advising's Signature**

\_\_\_\_\_  
**Date**

**SECTION F: CLARK STATE COLLEGE AGREES TO**

1. Consider the student enrolled in an eligible program
2. Determine eligibility for financial aid based on the information provided
3. Process and disburse federal and/or state aid
4. Monitor Satisfactory Academic Progress
5. Maintain all records in accordance with federal regulations
6. Provide payment to the student, if eligible, any excess funds for reimbursement to the visiting school.

\_\_\_\_\_  
**Home School FAO Name/Title**

\_\_\_\_\_  
**Date**

**MAIL FORM TO:**

Clark State College, Financial Aid Office  
570 E. Leffel Lane, Springfield, Ohio 45505  
financialaid@clarkstate.edu • 937-328-6034