

Office of Financial Aid Consortium Agreement

$\begin{array}{c} \text{BETWEEN} \\ \text{ISOTHERMAL COMMUNITY COLLEGE (HOME SCHOOL)} \\ \text{AND} \end{array}$

	Stude	Student ID:	
ephone Number	/E-mail address:		
se circle the seme	ster in which you are completing this form: Fall 2026 S	Spring 2027 Summer 2027	
	st be completed <u>each semester</u> you wish to receive finan al aid from another school during the same semester tha		
Stu	dent eligibility - Please read before completing and	d submitting this form.	
The student must:			
ICC. Be makin Submit the receipt of Submit of completion	d begin attendance in courses at the Host School which are to g Satisfactory Academic Progress as defined in ICC's SAP Points completed form to Isothermal's Financial Aid Office alon f payment for course(s) at Host School. Ifficial grade transcript upon completion of course(s) to the Roon. The receiving aid at the Host School during the semester indicates	olicy. ng with proof of registration and ecord's Office for evaluation upon	
	Section I – To be completed by	student	
		Number of	
	Course name and number	Credit hours	
	Course name and number		

Section II – To be completed by the Host School				
	cial aid at your institution:Yes No lete the remainder of this form.			
If "No" please complete the re	emainder of this form:			
Dates of enrollment under the	is agreement:			
Tuition and fees per credit ho	mr:			
dropped from any classes take		ed by the Host School if the student withdraws o	ris	
Email address:		Phone number:		
Please return this form to:	Isothermal Community College Financial Aid Office PO Box 804 Spindale, NC 28160 Email: financialaid@isothermal.edu			

Fax: 828-286-8109