

**Financial Aid Office**

893 West Street Amherst, MA 01002 413.559.5484 fax 413.559.5585

**Consortium Agreement for 2024 - 2025**

As allowed under Federal Regulations, this Consortium Agreement is entered into between the accredited and eligible institutions listed below for the purpose of providing federal financial assistance to the student named below. Federal assistance includes all Title IV Programs.

Student's Legal Name: \_\_\_\_\_ Last Four of SSN: \_\_\_\_\_

Student's Preferred Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

This agreement is entered into between: **HAMPSHIRE COLLEGE** (the Home School) **and**

NAME of the Host School: \_\_\_\_\_

**To Be Completed by Host School**

Name of Program \_\_\_\_\_

Consortium school of record: \_\_\_\_\_

Name of U.S. accrediting agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Enrolled from \_\_\_\_\_ to \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Program length of \_\_\_\_\_ weeks or \_\_\_\_\_ quarters or \_\_\_\_\_ semesters

Student status of \_\_\_\_\_ full time \_\_\_\_\_ half time (Student must be enrolled with full time status.)

Costs for the Program:

Tuition and fees: \$ \_\_\_\_\_

Housing and Food: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Total Costs: \$ \_\_\_\_\_

Financial aid from Host school: \$ \_\_\_\_\_

**Please ensure all questions have a response, otherwise it may delay processing. If question does not apply, please indicate with N/A (not applicable).**

**Certification**

- By signing below, the **HOST SCHOOL** certifies that the student has been accepted for enrollment in the program listed above.
- **The HOST SCHOOL certifies they are accredited by a U.S. accrediting agency.**
- **The HOST SCHOOL certifies they are a TITLE IV eligible institution.**
- The **HOST SCHOOL** agrees *not to pay* the student any Title IV assistance including Pell Grant or Campus Based aid nor to process a Federal Direct Loan (subsidized, unsubsidized or PLUS) during the enrollment period listed above.
- The **HOST SCHOOL** agrees to notify the home school if the student withdraws from the program before its conclusion. Satisfactory completion of the program will be evidenced by academic transcript upon written request by the student.
  
- By signing below, the **HOME SCHOOL (Hampshire College)** agrees to calculate the student’s financial aid eligibility using the costs stated above, process federal financial aid applications and *to pay* the student during the time period listed above. Payment will be made in the manner agreed to by the home school and the student.

**HAMPSHIRE COLLEGE:**

**HOST SCHOOL:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please Return to the Financial Aid Office  
Hampshire College  
893 West Street  
Amherst, MA 01002 USA  
Email: [financialaid@hampshire.edu](mailto:financialaid@hampshire.edu)**