



**Scholarships & Financial Aid**  
 2550 Highway 70 SE  
 Hickory, NC 28602  
 Ph: (828) 327-7000 Ext: 4860  
 Fax: (828) 624-5208

## 2024-2025 Consortium Agreement

Student Name: \_\_\_\_\_ CVCC Student ID: \_\_\_\_\_

Host Institution: \_\_\_\_\_ Term: \_\_\_\_\_

I hereby authorize the Host Institution listed above to release financial and academic information to Catawba Valley Community College (CVCC) for the purposes of determining financial aid eligibility.

**Signature cannot be typed.**

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

The student listed above is seeking a degree or certificate from CVCC and plans to enroll at the Host Institution listed above during the 2024-2025 academic year. This agreement will allow CVCC to disburse financial aid based on the student's combined enrollment at both institutions. CVCC is responsible for determining eligibility and awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and federal reporting requirements. After CVCC charges are paid, CVCC will disburse any excess aid to the student. **The student is responsible for paying any charges**, or using any refund to pay the charges at the Host Institution.

The Host Institution agrees to complete this form, to confirm enrollment, to inform CVCC if the student withdraws, and to not give the student any Title IV grant aid during this enrollment period.

Enrollment Period: \_\_\_\_\_

Tuition and Fees \$ \_\_\_\_\_ Books and supplies \$ \_\_\_\_\_ Room & Board \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_ Miscellaneous \$ \_\_\_\_\_ Total CoA \$ \_\_\_\_\_

Course Name	Course Number	Number of Enrolled Credits
<b>Total Number of Credits</b>		

Institution Information	Host Institution	CVCC
Printed Name		
Title		
Authorized Signature		
Date		
Fax Number		(828) 624-5208
Telephone Number		(828) 327-7000 x 4860