



Financial Aid Office

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2026-2027 Financial Aid Consortium Agreement

Through this agreement, MassBay Community College contracts with the institution listed in Section I hereafter referred to as the Consortium Institution, to allow the matriculated student below to receive financial aid based on their enrollment at the Consortium Institution during the effective duration of this agreement.

MassBay Community College, known as the 'home' institution, agrees to calculate and disburse aid for which the student may be eligible including federal and state funds. **MassBay will disburse all funds directly to the student. They are then responsible to pay the Host Institution.** It is the student's responsibility to submit proof of enrollment at the Host School. The student is responsible for **all charges** at the Host Institution since the financial aid will not be awarded until all of the consortium conditions have been met.

Section I: To Be Completed by Student

Student Name: _____ Student ID Number: _____

Telephone Number: ____/____/____/-____/____/____-____/____/____/____ Date of Birth: _____

Intended Enrollment Period (indicate only one term per form): Fall 2026__ Spring 2027__ Summer 2027__

Host Institution Name: _____

I understand that:

- It is my responsibility to make payment arrangements to pay any tuition and fee charges at my Host Institution
- Failure to successfully complete any/all courses will affect my financial aid package at my Home Institution.
- Failure to provide an (un)official transcript documenting a D or better grade will affect my financial aid package.
- Any Financial Aid credit balance on my account will be mailed to my home address that was provided to the Registrar or sent via Direct Deposit.

I have read, agreed and certify that I understand the requirements listed above.

Student Signature: _____ Date: _____

Please note: By using a typable format to sign your name electronically using this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.

Please list the course(s) you will take at your host school. You must take credits that are transferable to MassBay and apply toward your degree requirements

Name of Course	Course Number	Credits	MassBay Equivalent

Section II: To be completed by MassBay Advisor

Is the above student a matriculated student at MassBay? Yes No

Please check the appropriate box and sign below

I confirm that the student has been **approved** for enrollment in the course(s) listed in Section I; **will transfer** back to MassBay and is applicable to the student's degree requirements.

I confirm that the student has been **denied** for enrollment in the course(s) listed in Section I, **will not** transfer back to MassBay and is not applicable to the student's degree requirements.

MassBay Advisor Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

Section III: To Be Completed by Host Institution:

Intended Enrollment Period (mm/dd/yy): From _____ To _____ Total Credits _____

Tuition & Fees	\$
Room & Board	\$
Travel Allowance	\$
Books/Supplies	\$
Personal Expense	\$
Total Cost for Enrollment Period	\$

The Host Institution:

- Has accepted this student in a visiting status in an academic program that meets the Title IV student financial aid eligibility requirements.
- Agrees not to process or award any Federal Title IV aid for this student.
- Agrees to notify MassBay Community College if the student withdraws from the program or decreases enrollment before its conclusion.
- Agrees to notify MassBay Community College of student aid the student receives from non-Mass Bay Community College sources.
- The student is responsible for ensuring payment to the Host school.

Host Institution Signature _____ Date _____

Printed Name _____

Title _____

Telephone Number ____/____/____/-____/____/____-____/____/____/____