

Financial Aid Consortium Agreement

This agreement between Bryn Athyn College of the New Church, the Home Institution, and <u>Holy Family University</u>, the Consortium Institution, is for the purpose of allowing students of Bryn Athyn College to continue to receive federal, state, and institutional financial aid while completing coursework required for their degree program at the Consortium Institution.

Bryn Athyn College is the degree-granting institution.

Tuition and required fees for the term during which the student is enrolled at the Consortium Institution will be determined by the Consortium Institution. Bryn Athyn College will pay the fees owed to the Consortium Institution on behalf of the student, and the student will be billed correspondingly by Bryn Athyn College. All financial aid will be calculated and processed by Bryn Athyn College and credited to the student's account at Bryn Athyn College. The Consortium Institution will not award federal or state financial aid to the student during this period of attendance.

Students will be considered to be enrolled at Bryn Athyn College during this period for federal and state aid purposes.

Bryn Athyn College will establish the student's eligibility for aid prior to the start of the term at the Consortium Institution. The Consortium Institution will monitor the student's status during the period of enrollment, and will notify Bryn Athyn College if the student withdraws or changes status. (The contact information at the Home Institution for such notification is indicated below.) The Consortium Institution will supply Bryn Athyn College with the student's academic record for the courses completed at the end of the period of attendance.

Any necessary federal Title IV refunds will be processed by Bryn Athyn College. All necessary documentation for the student's financial aid will be maintained by Bryn Athyn College.

Student Information	
Student Name:	
Enrollment Dates at Consortium Institution: Start	End

I give permission for the Consortium Institution to forward my academic records to Bryn Athyn College as described above. I understand that all requirements for receipt of financial aid (enrollment status, satisfactory academic progress, etc.) must still be met by me during my period of enrollment at the Consortium Institution.

I agree that I am responsible for any and all additional fees that are billed to my student account at Bryn Athyn College for my cost of attendance at the Consortium Institution. I understand that I am responsible for either providing a copy of my bill from the Consortium Institution to the Bryn Athyn College Bursar's Office within one week after I receive it or signing a Holy Family Information Release Form allowing my billing information to be sent directly to the Bryn Athyn College Bursar's Office.

Signature:	_ Date:	
Consortium Institution Info	ormation	
Student's period of enrollment:		
Student's status (circle): Full-time Three-quarter time H	alf-time Less than half-time	
Total bill for tuition and required fees: _\$	Date due:	
Name of Consortium Institution: Holy Family University		
Address:		
Signature (Consortium Institution Representative):		
Name: Title:	:	

Please return completed form to:

Attn: Financial Aid Office Bryn Athyn College PO Box 462 Bryn Athyn, PA 19009-0462 Fax: 267-502-2593 Phone: 267-502-6000