

Office of Financial Assistance PO Box 2900 Mt. Gay WV 25637 (304) 896 7060 Financialaid@southernwv.edu

## 2022-23 Consortium Agreement

For the purposes of this agreement, the Home Institution, Southern West Virginia Community and Technical

•		0	nd refunding aid, monitoring the financial aid requirement	
The Host Institution		will be res	ponsible for providing the st	udent's total cost,
registration status, and	balance due	e at the Host Institution	on requested below. The Ho	st Institution will also
inform Southern West	Virginia Co	ommunity and Techni	cal College of any changes t	o these terms.
Student Name:			Southern Student ID	
Date of Birth				
HOST INSTITUTION COST				
Tuition and Fees:		\$	Credit Hours Enrolled	
Room and Board:		\$	Enrollment Start Date	
Books and Supplies:		\$	Enrollment End Date	
Other:		\$		
Total Cost		\$		
Balance Due at Host Institution		\$		
In most cases, financial aid will be released directly to the student who is responsible for making payment at the				
Host institution. Financial aid will be released at the beginning of the enrollment period listed above, but not				
earlier than the disbursement date for Southern West Virginia Community and Technical College. Whether				
financial aid is released to the student or the institution, the student is responsible for timely payment of				
charges. I agree to allow my information to be released by both the home and host institutions on my behalf.				
Student Signature:				
Information contained herein is true and accurate to the best of my knowledge.				
HOME Institution:	Southern West Virginia Community and Technical College			
Name and Title:	Stella Estepp, Director of Student Financial Assistance			
Telephone:	3048967060			
Email:	Stella.estepp@southernwv.edu			
Signature & Date:				
HOST Institution:				
Name and Title:				
Telephone:				
Email:				
Signature & Date:				

For more information visit: <a href="https://www.southernwv.edu">www.southernwv.edu</a> #FINDYOURDIRECTION