



BEAUFORT

COUNTY COMMUNITY COLLEGE
Office of Financial Aid

5337 Highway 264 East
Washington, NC 27889
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F: 252.940.6393
finaid@beaufortccc.edu

RIBN STUDENTS FINANCIAL AID CONSORTIUM AGREEMENT

BETWEEN

Beaufort County Community College

(Home School)

and

East Carolina University

(Host Institution)

The Home School and the Host School listed above are hereby entering into a Consortium Agreement.

Section I – To be completed by Beaufort County Community College Office of Student Financial Aid

Student's Name:

(Print first, middle, last)

Student ID:

Student Date of Birth:

Consortium Period (check all that apply):

Fall _____

☐ Spring _____

☐ Summer _____

Section II – To be completed by Beaufort County Community College Office of Student Financial Aid

Disbursement: It is agreed that the **(Beaufort County Community College)** be responsible for disbursing aid and monitoring student eligibility. The student will be evaluated for eligibility according to the "home" institution's academic, financial, and student aid policies. **Cost Attendance:** The cost of attendance will be based on the **(Beaufort County Community College)** budget which includes the following: tuition, fees, room, board, books, and living expenses. **Enrollment Status:** The enrollment status will be determined by the number of credit hours for which the student is enrolled at both the "home" school and "host" school.

HOME SCHOOL Financial Aid Administrator's Signature:

Date:

E-mail Address:

Telephone: 252-940-6222

Section III – To be completed by the East Carolina University Financial Aid Office

Under this agreement the Host Institution agrees that the student listed above has been accepted for enrollment for the time period specified in this agreement; to provide **(Home institution)** with requested information including information about enrollment periods and costs; to notify **(Home institution)** if the student withdraws from the program or drops below the number of credit hours specified below; and withhold processing of any payments for federal, state, and/or institutional aid for the term/period of enrollment listed below.

Enrollment Period:

From:

To:

List the individual course(s) and semester credit hours the student is registered for during the above enrollment period:

Course(s)	Credits	Course(s)	Credits

Tuition & Fees:

Books & Supplies :

Room & Board:

Other (specify):

Host Institution's (ECU) Financial Aid Officer's Signature:

Printed Name & Title:

Date:

E-mail Address: Finaid@ecu.edu

Telephone: 252-328-6610

Fax Number: 252-328-4347

Return to: Patricia Windley
Office of Student Financial Aid
Beaufort County Community College
Phone: (252) 940-6219
Fax: (252) 940-6393

Comments