



2012-13 FAC NGC
OHIO NATIONAL GUARD SCHOLARSHIP PROGRAM
CONSORTIUM AGREEMENT
Student Contract
Information is for the 2012-13 Award Year

SECTION I: To be completed by the Student

Student Name: _____ Franklin Student ID: _____

Host Institution _____ Date of Birth: _____

Completing this Consortium Agreement will allow you to include hours from a Host Institution toward enrollment status for determining your eligibility at Franklin University (Home Institution). You must be accepted as a degree-seeking student at Franklin University. You must complete this form ***each term*** for which you wish to receive Ohio National Guard benefits from Franklin University. After completing Section I of this form, submit it to the appropriate office at your Host Institution.

ENROLLMENT: Indicate term and number of credit hours you will register for at each school. Be sure to indicate enrollment and hours for each term. **DO NOT LEAVE BLANK.**

<u>Franklin University Enrollment:</u>	<u>Yes or No</u>	<u>Credit Hours:</u>
Summer 2012 (Apr-Aug)	Yes or No	_____
Fall 2012 (Sept-Dec)	Yes or No	_____
Winter 2013 (Jan-May)	Yes or No	_____

<u>Host Institution Enrollment:</u>	<u>Yes or No</u>	<u>Credit Hours:</u>	<u>Tuition:</u>	<u>Fees:</u>
Summer 2012 (Apr- Aug)	Yes or No	_____	_____	_____
Fall 2012 (Aug - Dec)	Yes or No	_____	_____	_____
Winter 2013 (Jan - May)	Yes or No	_____	_____	_____
Spring 2013 (Mar – Jun for quarter schools only)	Yes or No	_____	_____	_____
Summer 2013 (Apr – Aug)	Yes or No	_____	_____	_____

For which term are you completing this form: **(choose one)**

_____ Summer '12
 _____ Fall '12
 _____ Winter '13
 _____ Spring '13
 _____ Summer '13

I understand that I am asking Franklin University to use Ohio National Guard Scholarship Program and other applicable financial assistance to pay for classes that I agree to complete at the Host Institution indicated above and those I am completing at Franklin University.

I understand that my Ohio National Guard benefits will be applied first to my tuition and fees charges at Franklin University. If funds are available after my tuition and fees are paid, the Host Institution will receive funds up to the cost of my tuition and fees at that institution.

It is my responsibility to pay my host institution for any balance owed, even if aid has not yet been applied at Franklin.

I agree and authorize the Host Institution to release enrollment and cost information to Franklin University for the contracted academic term. This includes, but is not limited to, hours of enrollment for the term, any changes to enrollment including drops and withdrawals, last date of attendance, and any costs incurred for the classes enrolled or attended during the contracted academic year.

I agree to enroll only in courses that are transferable and/or applicable to my degree program.

Student Signature

Date

SECTION II: Signature required by Host Institution

Signature of Host Institution Representative

Date

Forward to: Franklin University
Financial Aid
Attn: Veterans Specialist
201 S. Grant Ave
Columbus, Ohio 43215
Or fax to: 614.255.9478
Or email to: finaid@franklin.edu

SECTION III: Signature required by Franklin University Veteran's Specialist

Processed by Financial Aid Office

Date