



2009-2010 FAC NGC
OHIO NATIONAL GUARD SCHOLARSHIP PROGRAM
CONSORTIUM AGREEMENT
Student Contract
Information is for the 2009-2010 Award Year

Completing this Consortium Agreement will allow you to include hours from a Host Institution toward enrollment status for determining your eligibility at Franklin University. 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.

SECTION I: To be completed by the Student

Student Name: _____ Franklin Student ID: _____

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>Credit Hours:</u>	
Summer (Apr-Aug)	Yes or No	Total credit hours for Summer:	_____
Fall (Sept-Dec)	Yes or No	Total credit hours for Fall:	_____
Winter (Jan-Apr)	Yes or No	Total credit hours for Winter:	_____

<u>Host Institution Enrollment:</u>		<u>Credit Hours:</u>	<u>Tuition:</u>	<u>Fees:</u>
Summer (Apr-Aug)	Yes or No	Total credit hours for Summer:	_____	_____
Fall (Sep-Dec)	Yes or No	Total credit hours for Fall:	_____	_____
Winter (Jan-Apr)	Yes or No	Total credit hours for Winter:	_____	_____
Spring (Apr-Jun)	Yes or No	Total credit hours for Spring:	_____	_____

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

Summer
 Fall
 Winter
 Spring

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 Office
Attn: Veteran's Coordinator
201 S. Grant Ave
Columbus, Ohio 43215

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

Processed by Financial Aid Office

Date