SOUTHERN STATE COMMUNITY COLLEGE

FINANCIAL AID

Consortium Agreement 2026-2027

This agreement is entered into between the institutions listed on this form for the purpose of providing financial assistance to the name student. This agreement indicates that Southern State Community College is the Home Institution and _____ is the Visiting Institution.

Please print this document and complete it with a wet ink signature. The completed document can be submitted in person, through email, fax, or mail. Our contact information is at the bottom of the page.

STUDENT INFORMATION	(PLEASE PRINT)
Student Name:	Student ID#:
Address:	City:
State: Zip:	Email:

Student Instructions: Complete Sections 1 and 2, then submit to the Visiting Institution.

Section 1: Visiting Institution Information

Institution Name: _____

Semester(s) Enrolled: Fall 2026 Spring 2027 _____ Summer 2027 _____

Section 2: Student Terms of Agreement

1. I agree to submit this form to Southern State Community College, my home school, and to my host school for completion.
2. I understand Southern State, as my home school granting my degree or certificate, will award my financial aid and apply it first to tuition, fees, and books. Any remaining balance will be mailed to me in a refund check.
3. I will be responsible to pay tuition and fees at my host school.
4. I will enroll only in courses at my host institution which are transferable back to Southern State for my degree or certificate program and I will meet with an academic advisor for prior approval for class(s).
5. I will allow Southern State to share information with my host institution regarding admissions, registration, billing, academics and financial aid when completing the consortium agreement.
6. I will request an official academic transcript to be sent from my host school to the Registrar's office at Southern State upon completion of the consortium period.
7. I have read and accept the responsibilities of the agreement.

Student Signature_____ Date: _____

Phone: 800.628.7722 ext. 2515 | Fax: 937.393.6682 | financialaid@sscc.edu | 100 Hobart Drive, Hillsboro, Ohio 45133

Section 3: To be completed by the Host Institution Financial Aid Representative:

Dates of Enrollment Period _____to _____

Number of Hours Student is Enrolled _____ (attach copy of schedule)

Tuition and Fees $_____

Books and Supplies $_____

Room and Board $ _____

Other Expenses $_____

TOTAL $_____

Host institution agrees to:

1. Not award any federal or state financial aid to the student during the term listed.

2. Notify SSCC ***immediately*** and provide effective date(s) if a student withdrawals or drops any hours reported in this agreement.

3. Provide SSCC with a copy of the academic transcript upon completion of the approved courses to the following address:

Southern State Community College
Attention: Registrar's Office
100 Hobart Drive
Hillsboro, OH 45142

4. Keep a copy of this completed agreement on file at their institution.

Financial Aid Representative: _____Title: _____

Email: _____ Phone: _____

Financial Aid Fax Number: _____ Email: _____

Signature: _____ Date: _____

Return the completed agreement along with student schedule to:

Financial Aid Office, Southern State Community College

100 Hobart Drive, Hillsboro OH 45133

OR

Email to: Financialaid@sscc.edu

Section 4: To be completed by Southern State Community College Registrar's Office

Requested course(s) are transferrable and will apply towards the student's academic program at SSCC.

_____ _____

SSCC Registrar's Office Representative Date

Section 5: To be completed by SSCC Financial Aid Representative:

Consider the student enrolled in an eligible program

1. Determine eligibility for financial aid based on the information provided
2. Process and disburse federal and/or state aid.
3. Monitor Satisfactory Academic progress.
4. Maintain all records in accordance with federal regulations.
5. Provide payment to the student, if eligible, any excess funds for reimbursement to the visiting school.

_____ _____

SSCC FAO Name/Title Date