WNCC / BUTLER COUNTY COMMUNITY COLLEGE CONSORTIUM AGREEMENT

HOME INSTITUTION (degree-granting)  

Western Nebraska Community College  
1601 East 27th Street  
Scottsbluff, NE 69361  
PH: (308) 635-6011; Fax (308) 635-6732

HOST INSTITUTION

Butler Community College  
Office of Student Financial Aid  
901 S Haverhill Road  
El Dorado, KS 67042  
PH: (316) 322-3121; FAX: (316) 322-3316

Western Nebraska Community College will serve as the federal aid funding institution.

NOTE: Consortium agreements must be completed by the 10th day of classes for each semester in which you wish to receive financial aid.

(1) TO BE COMPLETED BY STUDENT

<table>
<thead>
<tr>
<th>Name</th>
<th>Student ID# / Phone</th>
<th>Address</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
</table>

Enrollment term:  
--- Fall 20___  
--- Spring 20___  
--- Summer 20___

WNCC program:  
--- Associate of Arts  
--- Associate of Science  
--- Associate of Applied Science  
--- Certificate  
--- Diploma

Butler Community College enrollment information:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Credit Hours</th>
<th>Course Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
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</tr>
</tbody>
</table>

I understand that I must be seeking a degree, certificate or diploma at Western Nebraska Community College and that my Butler Community College courses must apply to my degree. I also understand I am receiving financial aid from WNCC and I must maintain Satisfactory Academic Progress in accordance with WNCC’s Financial Aid Office policy. If requested, I will provide a copy of an official document verifying my course(s) completion to WNCC. Failure to do so may result in financial aid suspension. I understand my award will be based on my enrollment status according to WNCC enrollment policies and will be disbursed to me by Western Nebraska Community College’s Business Office. I am responsible for paying educational expenses at Butler Community College and give my permission for Butler Community College to release any necessary academic and financial information (e.g. college transcripts) from the above courses to WNCC.

Signature of student: ___________________________ Date: ______________

(2) TO BE COMPLETED BY BUTLER COMMUNITY COLLEGE FINANCIAL AID OFFICE/OFFICIAL

<table>
<thead>
<tr>
<th>Tuition/Fees</th>
<th>$_____________</th>
<th>Enrollment period:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room/Board</td>
<td>$_____________</td>
<td>M/D/Y to M/D/Y</td>
</tr>
<tr>
<td>Books/Supplies</td>
<td>$____________</td>
<td></td>
</tr>
</tbody>
</table>

I certify the above named student is registered for ________ credit hours for the enrollment period designated above. I also certify our institution will not award any financial aid for this enrollment period and will notify the Western Nebraska Community College Financial Aid Office of any changes in enrollment status for the above named student.

Signature of Financial Aid Official/Title: ___________________________ Date: ______________

(3) TO BE COMPLETED BY WNCC REGISTRAR’S OFFICE

I certify the above student is enrolled at WNCC and is considered degree seeking at WNCC. I also verify ________ Butler credit hours for this enrollment period will be accepted as transfer credit towards the WNCC degree.

Signature of WNCC Registrar: ___________________________ Date: ______________

(4) Financial aid credits entered: ___________ Date: ______________

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