



FINANCIAL AID  
CONSORTIUM AGREEMENT

Between  
UNIVERSITY OF SAINT MARY - Leavenworth KS  
and

\_\_\_\_\_  
Host School Name, City & State

The two institutions named above are herein entering into a Financial Aid Consortium Agreement for:

XXX-XX-

\_\_\_\_\_  
Student Name (First, Middle Initial, Last)

\_\_\_\_\_  
Last four digits of SSN

Effective for the \_\_\_\_\_ semester beginning \_\_\_\_\_ and ends \_\_\_\_\_

Course Number	Title	Credit Hours	Approved (Yes or No)

\_\_\_\_\_  
Mary Pat Dutton, University of Saint Mary Registrar (Signature & Date)

**CERTIFICATION:**

1. University of Saint Mary agrees to provide payment(s) to the above named student, if eligible, under Title IV programs as appropriate for the term specified above.
2. The Host school agrees to provide verification of enrollment in the above courses and to notify the University of Saint Mary of the student's change in enrollment status during the term specified.
3. The Host institution agrees not to disburse any Title IV payment(s) to the above named student during the term specified.

\_\_\_\_\_  
Annisia Epperson, University of Saint Mary, Director of Financial Aid (Signature & Date)

\_\_\_\_\_  
Financial Aid Director, Host School (Signature & Date)

**RETURN TO:** UNIVERSITY OF SAINT MARY  
ATTN: Financial Aid Office  
Fax: 913-758-6140  
Email: [finaid@stmary.edu](mailto:finaid@stmary.edu)  
Phone: 1-800-752-7043 ext 4