

Consortium Financial Aid Information Form – LSSU & Bay College

This form must be filled out EACH semester before your financial aid can be disbursed. All of your current Bay College courses must be verified as necessary for your Bachelors Degree at LSSU to receive federal financial aid. An electronic copy of your Free Application for Federal Student Aid (FAFSA) must list Lake Superior State University (#002293) and be available at LSSU before aid can be awarded.

*****PLEASE ATTACH YOUR BAY COLLEGE CLASS SCHEDULE***
FOR THE SEMESTER THAT YOU ARE FILLING THIS OUT.**

Student Use:

Complete all items for current semester: (Fall, Spring, Summer/Year): _____

1. Student Name: _____ Social Security Number: _____ - _____ - _____
2. Number of Lake Superior State University enrolled credits for this semester: _____ credits
3. Number of Bay College enrolled credits for this semester: _____ credits
4. Have you earned an Associate degree and the MACRAO stamp OR you must have 88 credits that have transferred to LSSU. Yes _____ No _____

(If no, you are not eligible for financial aid from LSSU under the consortium agreement (using semester credits from both institutions)).

Have you earned an Associate Degree? Yes _____ No _____ If yes, where? _____
AND

Have you earned MACRAO Stamp? Yes _____ No _____

OR

Have you earned a minimum of 88 credits applicable toward LSSU Bachelors degree?
Yes _____ No _____ If yes, where? _____ (transcript must be on file)

5. Do you reside with your parents? Yes _____ No _____
6. Are you eligible for the Native American Tuition Waiver? Yes _____ No _____
(If Yes, first time LSSU students must provide documentation to LSSU)
7. Will you receive any financial aid from Bay College this semester? Yes _____ No _____

Are you eligible for any tuition reimbursement/waiver? (i.e. from employer, National Guard, MI-Works, Voc. Rehab, Veteran's Benefits) Yes _____ No _____ (If yes, please provide documentation).

8. Are you charged Delta County Tuition rate at Bay College? Yes _____ No _____

---OVER---

As a consortium student, I authorize the appropriate staff members of the financial aid, business and registrar offices and regional center offices at LSSU and Bay College to exchange information on my application, discuss my financial aid and provide each other with necessary academic information such as hours attempted, hours completed and course grades each semester so that satisfactory progress can be determined. I understand that federal financial aid requires attendance in each class in which I receive aid. I further understand that to qualify for a 100% withdrawal and any tuition refund where appropriate at LSSU, I must drop all of my classes at both institutions and may be required to repay my federal financial aid. I authorize Bay College to submit a copy of my transcript to LSSU each semester for Satisfactory Academic Progress monitoring purposes.

Student Signature: _____ Date: _____

Further Student Instructions:

Attach a copy of your current semester class schedule showing enrolled credits at Bay College and deliver to the LSSU Regional Center director with this completed form. The appropriate Department Chair or the Regional Center Director must verify that the Bay College classes apply to your LSSU degree before aid can be disbursed. Any potential excess aid refunds will be delayed until all forms are on file and all verifications are completed.

Do not write below this line – FOR OFFICE USE ONLY!!

Department Chair or Regional Center Director's Office Use:

Does student meet the Consortium Agreement qualifications?

Yes _____ No _____ If yes, complete one set of conditions below:

Earned Associate Degree? Yes _____ No _____ If yes, where? _____

AND

Earned MACRAO Stamp? Yes _____ No _____

OR

Earned minimum of 88 credits applicable toward LSSU Baccalaureate degree?

Yes _____ No _____ If yes, where? _____ (transcript must be on file)

Review of courses for current semester:

Current semester (Fall, Spring, Summer/Year): _____

LSSU Credit Hours: _____

Credit Hours from Bay College applicable to LSSU degree: _____

List any non-applicable courses? _____

Total hours toward degree this semester from Bay College and LSSU: _____

LSSU designee's signature: _____ Date: _____

Once completed, please send a copy of this form to the Financial Aid Office at LSSU. If this is the student's first semester completing this form, please send a copy of the front page of this form to the Registrar at Bay College for FERPA compliance for grade release.