



GRAND RAPIDS

# Consortium Form

(Partnership for Financial Aid students attending both Ferris State University- Grand Rapids and GRCC)

This form **must be filled out each semester** before aid for consortium students can be disbursed even if you are enrolled in FSU-GR or GRCC classes only. It is assumed that you have already filed your Free Application for Federal Student Aid (FAFSA).

Specify the semester you are applying for:  Summer 20\_\_\_\_ (May-Aug)  Fall 20\_\_\_\_ (Aug-Dec)  Spring 20\_\_\_\_ (Jan-May)

1. Student Name \_\_\_\_\_

2. Student ID # \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

3. Email Address \_\_\_\_\_

4. Number of **Ferris State University** hours in which you are enrolled. \_\_\_\_\_

5. Number of **Grand Rapids Community College** hours being carried for above semester \_\_\_\_\_

**Classes must be applicable to the Ferris degree program that you are enrolled in.**

**Attach a copy of GRCC class schedule.**

6. Are you eligible for any other form of tuition supplement through a waiver or employer reimbursement?

Yes  No

**(If yes, please provide documentation.)**

7. As a consortium student, I authorize the appropriate staff members of the financial aid, business, and registrar offices at Ferris-Grand Rapids and GRCC to exchange information on my application, to discuss my financial situation and to 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.

FSU-GR Program \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Checklist** (all criteria must be met before eligibility for financial aid can be determined):

I have completed this form.

I have attached a copy of my GRCC class schedule.

Please submit or mail this form with your GRCC class schedule to: Ferris State University – Grand Rapids  
**OR** Fax to: (616) 451-4740

Applied Technology Center  
151 Fountain St NE  
Grand Rapids, MI 49503

**Are you a new admit for this semester?**  **Did you receive financial aid funding last semester?**

**Are you re-submitting this form for this semester with changes or updated information?**

**Students: Do not write below this line.**

|  |                                  |
|--|----------------------------------|
| <b>For Dean's Office Use:</b>                        | <b>FSU-GR Office Checklist</b>   |
| Complete for current semester ( F, W, S/Year): _____ | <b>SOILCUP</b> _____             |
| FSU Hours: _____                                     | <b>SHATERM</b> _____             |
| GRCC Hours applicable to FSU degree: _____           | <b>ROASMRY</b> _____             |
| Total combined hours toward degree: _____            | <b>Financial Aid Office Use:</b> |
| Dean's office designee or advisor signature: _____   | <b>RAR</b> _____                 |
| Date: _____  | <b>SGA</b> _____                 |
| <b>Dean's Office:</b> Return completed form to:      | <b>WRD</b> _____                 |
| Ferris State University-Grand Rapids                 | <b>SFA</b> _____                 |
| 151 Fountain St                                      |                                  |
| Grand Rapids, Mi 49503                               |                                  |
| Fax to (616) 451-4740 Attention: Kevin Slinger       |                                  |