

(Partnership for Financial Aid students attending both Kendall College of Art and Design of Ferris State University and GRCC or MSU)

This form must be completed each semester before aid for FSU/KCAD can be disbursed. It is assumed that you have already filed your Free Application for Federal Student Aid (FAFSA). If you make any changes to your GRCC or MSU schedule, you MUST submit a new consortium form and a copy of your new schedule. If you do not submit the new form and schedule, there may be a delay in your financial aid refund. Specify the semester you are applying for: ☐ Summer 20___ ☐ Fall 20___ ☐ Spring 20___ (Jan-May) (May-Aug) (Aug-Dec) 1. Student Name Phone (______) 2. Student ID # _____ 3. Email Address 4. Number of KCAD/Ferris State University hours in which you are enrolled. 5. Number of Grand Rapids Community College or Michigan State University hours being carried for above semester. _ Classes must be applicable to the KCAD Life Sciences and Pre-Medical Illustration. Attach a copy of GRCC or MSU class schedule. 6. Are you eligible for any other form of tuition supplement through a waiver or employer reimbursement? (If yes, please provide documentation.) 7. As a consortium student, by submitting this form, I authorized the appropriate staff members of the Financial Aid, Business, and Record's Offices at Ferris State University/Kendall College of Art and Design, Grand Rapids Community College and Michigan State University to exchange information on my application, to discuss my financial aid and to provide each other with necessary academic information such as hours attempted, hours completed and course grades each semester. Signature_ Date:___ **Checklist** (all criteria must be met before eligibility for financial aid can be determined): ☐ Must be admitted to the KCAD Life Sciences and Pre-Medical. ☐ I have attached a copy of my GRCC or MSU class schedule. ☐ Please submit this form with your GRCC or MSU class schedule to Kendall College of Art and Design by US mail (address below), encrypted email to kcadacademicrecords@ferris.edu or via fax to (616) 831.9689. Attn: Academic Record's Office 17 Fountain St NW Grand Rapids, MI 49503 For Dean's Office Use: GRCC or MSU Hours applicable to the Life Sciences and Pre-Medical Illustration degree: Dean's office designee or advisor signature:____ Date: Dean's Office: Email completed form to: Ferris State University/Grand Rapids Attn: Lindsay Young