



## 2025-2026 CONSORTIUM AGREEMENT

Between Brightpoint Community College (as the Home Institution) and the Host Institution (as listed below).

Home Institution	Host Institution
Brightpoint Community College Office of Financial Aid 13101 Route 1 Chester, VA 23831	College Name Address

### A. Student Information (to be filled out by the student)

Last Name	First Name	M.I.
Student ID Number (EMPLID)	Social Security Number (Last 4 digits)	Phone Number
Term: <input type="checkbox"/> Fall 2025 <input type="checkbox"/> Spring 2026 <input type="checkbox"/> Summer 2026		

The Financial Aid Office at \_\_\_\_\_ (host institution) agrees to enter into a Consortium Agreement with the Financial Aid Office at Brightpoint Community College (home institution) for the student and academic period listed above. This student has permission from the home institution to take a course (or courses) at the host institution. Said course/courses will transfer to the home institution to be applied to the student's degree or certificate, as verified on page two of this form by the student's faculty advisor.

The items of agreement are:

- Brightpoint Community College, as the home institution, agrees to process the student's financial aid, including the enrollment status and cost of attendance at the host institution; and
- \_\_\_\_\_, the host institution, agrees not to process any financial aid awards for the student for the academic term indicated above; and
- The above-named student will be responsible for payment to the host institution in accordance with their guidelines and payment policies.

### B. Student Portion (to be filled out by the student)

#### Instructions/Important Information:

- 1) **Decide** which courses you need to take at the host school.
- 2) **Complete** the first page of this form.
- 3) Take the form to your advisor for approval of the course(s) as part of your BCC degree/certificate (see page two).
- 4) Submit this form to the Financial Aid Office after receiving your advisor's approval.
- 5) BCC Financial Aid Office will process any aid increases after receiving this form from the host school
- 6) Consortium agreements are processed **after the add/drop period ends for the semester.**

Curriculum (Major) \_\_\_\_\_

Reason course(s) cannot be taken at BCC \_\_\_\_\_

Advisor Name \_\_\_\_\_



**Home Institution Signature BCC Financial Aid Office Use Only**

Credit hours: BCC \_\_\_\_\_ Host Institution \_\_\_\_\_

\_\_\_\_\_ Total credit hours for \_\_\_\_\_ semester

\_\_\_\_\_  
Brightpoint Community College Financial Aid Administrator Signature

\_\_\_\_\_  
Date

Office of Financial Aid ~ 13101 Route 1, Chester VA 23831

Completed forms can be emailed to [financialaid@brightpoint.edu](mailto:financialaid@brightpoint.edu),  
faxed to 804-594-1630 or submitted in person by visiting the Financial Aid Office.

Please Note: Typed signatures are not accepted.

You must sign providing written signatures on documents before submission to the office.