



2024 Summer Hope Scholarship Consortium Agreement



			XXX-XX-
Last Name ()	First Name	M.I.	Social Security Number B00
Phone Number	Email Address	BUID #	

This Consortium Agreement applies to eligible postsecondary institutions that award the Hope Scholarships to students pursuing an associate or baccalaureate degree. The student must continue to meet the eligibility requirements for the HOPE Scholarship determined by the home institution after Spring semester grades are published. The TELS award received by the transient student is based on the Host Institution amount and courses associated with the eligible college program of study (CPOS).

Home Institution: the institution where the student continues to be academically eligible for TELS and is pursuing an associate or baccalaureate degree. **Host Institution:** the institution where the student is enrolled in at least **six (6) semester hours** in a transient study capacity and may or may not be enrolled as a degree-seeking student.

Students must execute this TELS Consortium Agreement to receive the HOPE Scholarship during a summer of transient studies. Please note the following:

1. Apply for transient admission at the host institution and register for summer coursework (at least 6 credit hours).
2. Submit this form with your detailed Course Schedule from the host institution to hopescholarship@belmont.edu.
3. Once you are approved by Belmont, submit the form to the Host Institution's Financial Aid Office for approval.
4. Finalize registration and pay for courses according to the Host institution's payment schedules and deadlines.
5. Recipients will be reimbursed for the Hope Scholarship via direct deposit after the start of the summer semester.
6. An official transcript must be submitted to the Admissions Office at the end of each transient summer session.

Academic Year: _____ Academic Term: _____

Summer Course Schedule: Please attach a copy of your Detail Course Schedule from the Host Institution.

Statement of Compliance: I acknowledge that it is my responsibility as a participant to ensure that this agreement is accurate, signed by the appropriate persons, and returned to the Financial Aid Office at each institution.

Student Signature

Date

Home Institution: Complete section below: TELS Attempted Hours, GPA, and Term GPA as of the semester before transient

TELS Attempted Hours: _____ TELS GPA: _____ TELS TERM GPA: _____

Statement of Verification: By signing below, all parties attest that the student is enrolled in a transient study program, maintaining SAP, and continues to meet the TELS academic and non-academic requirements in pursuit of an associate degree or baccalaureate degree. **If not concurrently enrolled, the award amount paid to the student is based on the Host Institution's award amount rate.**

Belmont University

Home Institution Name

Financial Aid Administrator Signature

Date

Host Institution Name

Financial Aid Administrator Signature

Date