



DR. STEVEN GENTILE
Executive Director

BILL LEE
Governor

Tennessee Student Assistance Corporation
Tennessee Education Lottery Scholarship (TELS)
Consortium Agreement Between Eligible Postsecondary Institutions

Please Print Clearly

STUDENT SECTION:

XXX-XX-

Last Name	First Name	M.I.	Social Security Number
()			
Phone Number		Email Address	

This Consortium Agreement applies to eligible postsecondary institutions that award TELS scholarships to students who are enrolled in at least six (6) semester hours and who are in pursuit of an associate or baccalaureate degree. The student must continue to meet the HOPE Scholarship eligibility requirements as determined by the Home Institution.

Through collaboration, the eligible postsecondary institutions associated with this agreement shall determine the TELS certification process for the semester of transient study. 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). If the student is concurrently enrolled at both institutions, then the award received by the transient student shall be based on the Home Institution's award amount and courses associated with the student's CPoS. A separate Consortium Agreement is required for each semester of transient study.

In advance of the semester of transient study, the student must execute this TELS Consortium Agreement to receive the HOPE Scholarship to attend the Host institution. If the HOPE Scholarship is not available in time to pay educational expenses, the Host Institution may require the student to pay in advance. Complete the steps in the order listed below:

1. Submit the TELS Consortium Agreement form to the Financial Aid Office at the Home Institution prior to the semester of transient study and after ALL final course grades are posted at the Home Institution. The school shall complete the "Home Institution Section" and sign the **Statement of Verification**.
2. Submit the TELS Consortium Agreement form to the Financial Aid Office at the Host Institution. If eligible for TELS, the Host Institution will inform you of their financial aid process and payment policies. The school shall complete the "Host Institution Section" and sign the **Statement of Verification**.
3. Upon completion of the semester of transient study, the student must request a copy of the transcript and have it forwarded to the Home institution. Failure to do so in a timely manner may prevent future HOPE Scholarship awards.

I plan to enroll in _____ semester hours at my Host Institution for the _____ semester.

I plan to enroll in _____ semester hours at the Home Institution for the same semester indicated above.

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

Student Signature

Date



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Interim Executive Director

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HOME INSTITUTION SECTION:

Home Institution means an eligible postsecondary institution in which the student continues to meet all TELS academic and non-academic requirements in pursuit of an associate or baccalaureate degree. The Home Institution shall collaborate with the Host Institution and decide which school will process the award. Complete this section and sign the **Statement of Verification** below.

Total # of Attempted Hours: _____ TELS Cum. GPA: _____ TELS Term GPA: _____

HOST INSTITUTION SECTION:

Host Institution means an eligible postsecondary institution in which the student is enrolled in a transient study capacity and may or may not be enrolled as a degree-seeking student. The Host Institution shall collaborate with the Home Institution and decide which school will process the award. Complete this section and sign the **Statement of Verification** below.

Academic Year: _____ Academic Term: _____ Award Amount (CPoS Only): \$ _____

Course Number	Credit Hours	Course Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Statement of Verification: By signing below, all parties conform to the respective sections above and agree the institution listed below shall process the award. **If not concurrently enrolled, the award amount paid to the student is based on the Host Institution's award amount rate and the student's CPoS.**

Institution Name: _____

The institution listed above shall process the award.

Home Institution Name Phone # Financial Aid Admin. Signature Date

Host Institution Name Phone # Financial Aid Admin. Signature Date