

Section IV: To Be Completed By JSRCC Office of Financial Aid (all other sections must be completed)

Approved Financial Aid:

Award Name:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Eligibility: \$ _____

Under this consortium agreement, JSRCC:

- Agrees to process the student's Title IV financial aid application and provide payment of Title IV funds (if eligible) as appropriate for the consortium agreement.
- Will calculate Return of Title IV (R2T4) funds, when needed.
- Will maintain Title IV record keeping and reporting requirements.
- Will maintain all records in accordance with federal regulations.

JSRCC Financial Aid Office Staff Signature: _____ **Date:** _____

Printed Name: _____ **Office Phone Number:** _____

J. Sargeant Reynolds Community College (JSRCC)
Office of Financial Aid
P.O. Box 85622
Richmond, VA 23285-5622
Fax: (804) 371-3739

