



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

**Please Print Clearly**

			XXX-XX-
Student's Last Name	Student's First Name	M.I.	Social Security Number
(        )			
Student's Phone Number	Student's Email Address		

This Consortium Agreement applies to eligible postsecondary institutions that award TELS scholarships to students in pursuit of an associate or baccalaureate degree. A separate Consortium Agreement is required for each transient study semester. Upon completion of the courses, a copy of the student's transcript must be forwarded to the "home" institution.

**Home Institution** means an eligible postsecondary institution in which the student continues to be academically eligible for TELS and is in pursuit of an associate or baccalaureate degree.

**Host Institution** means an eligible postsecondary institution in which 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.

The student must execute this TELS Consortium Agreement in order to receive the HOPE Scholarship or HOPE Access Grant to attend the Host institution by completing the following steps:

1. Change your school choice through the Student Financial Aid Portal at [www.TN.gov/TSACstudentportal](http://www.TN.gov/TSACstudentportal) for the academic year associated with this agreement.
2. Have the Host Institution confirm the semester courses listed below and sign the **Statement of Verification**.
3. Have the Home Institution approve the courses listed below. The courses must apply towards the degree program.
4. The Home Institution must complete the section under **Home Institution Certification** and sign the **Statement of Verification**.

**Host Institution:** Complete the section below by listing the transient courses in which the student is enrolled for the semester.

Academic Year: \_\_\_\_\_ Academic Term: \_\_\_\_\_

Course Number	Credit Hours	Course Title

**Home Institution Certification:** Provide the Total Number of Attempted Hours and cumulative TELS GPA as of the Academic Year and Academic Term listed above.

Total Number of Attempted Hours: \_\_\_\_\_ TELS GPA: \_\_\_\_\_

**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

**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.**

Home Institution Name	Financial Aid Administrator Signature	Date

Host Institution Name	Financial Aid Administrator Signature	Date