

FEDERAL WORK-STUDY PROGRAM: OFF-CAMPUS APPLICATION

Your Name _____ Class _____

Campus Post Office Box _____ Campus Telephone _____

Other Address (if summer Work-Study) _____

Legal Name of Agency _____

Public agency Private non-profit agency (IRC 501(c)(3))

Agency's Mailing Address _____

Agency's Telephone: Area Code _____ Number _____

Agency Official: Name _____

Title _____

Position Title _____

Job Description _____

Terms of Employment: Begin _____ End _____

Hours per Week _____ Hourly Rate _____

Matching provided by:	<input type="checkbox"/> Community Outreach	\$ _____
<input type="checkbox"/> Agency	<input type="checkbox"/> Johnson Fellowship	\$ _____
<input type="checkbox"/> America Reads@Program	<input type="checkbox"/> Class of '54 Commitment to Teaching	\$ _____
<input type="checkbox"/> America Counts@Program	<input type="checkbox"/> Sylvia Hecht Fund	\$ _____
	<input type="checkbox"/> Other: _____	\$ _____

I hereby apply for FW-SP employment for the period indicated above. I understand that I must be employed by a public or private non-profit agency and engaged in work that is nonpartisan, nonsectarian, and performed "for the public good." I understand that employment will depend on the availability of FW-SP funds. I also understand that I will be expected to save my FW-SP earnings, after taxes (and reasonable expenses, if this employment is not during the academic year), to help meet my college-related expenses.

Signature _____ Date _____