FEDERAL WORK-STUDY PROGRAM: OFF-CAMPUS APPLICATION

- Your Name _____ Class _____

  Campus Post Office Box _____ Cell Phone Number _____

  Student I.D. # __ __ __ __ __ __ __ __ __

  Other Address (if summer Work-Study) _____

  _____

- Legal Name of Agency _____

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

  Agency's Mailing Address _____

  _____ Zip _____

  Agency's Telephone: Area Code _____ Number _____

  Agency Official: Name _____

  Title _____

- Student Position Title _____

  Student Job Description _____

  _____

  _____

- Dates of Employment: Start date: _____ End date:_____

  Number of hours per week _____ Hourly rate of pay $_____

  Matching funds provided by:

  ☐ Agency ☐ America Reads Program

  ☐ Center for Community Engagement ☐ America Counts Program

I hereby apply for Federal Work-Study 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 FWS funds. I also understand that I will be expected to save my FWS earnings, after taxes (and reasonable expenses, if this employment is not during the academic year), to help meet my college-related expenses. I understand that employment beyond the date and/or dollar limits indicated in the Student Authorization Form will be without compensation.

Signature _____ Date _____

PLEASE CONTACT THE OFFICE OF FINANCIAL AID TO MAKE AN APPOINTMENT WITH NANCY ROBINSON, STUDENT EMPLOYMENT COORDINATOR TO REVIEW PROCEDURES IF THIS IS YOUR FIRST OFF-CAMPUS WORK-STUDY CONTRACT.