Federal Work Study Application

Student Information:

Student Name: _____ **Student ID:** _____

Phone Number: _____ **Email:** _____

Supervisor Must Complete the Following:

☐ **New Student** ☐ **Returning Student**

Dates of Employment: _____ **to** _____

Hours per Week: _____ **Pay Rate:** _____

Supervisor Phone Number: _____ **Department:** _____

GL(Budget)#: _____

Supervisor Name (Print): _____ **Date:** _____

To be completed by Financial Aid only:

☐ **Fall 2020 (August 24, 2020 - December 5, 2020)**
☐ **Spring 2021 (January 26, 2021 – May 14, 2021)**
☐ **Summer 1 (May 24, 2021 – June 30, 2021)**
☐ **Summer 2 (July 1, 2021 – August 20, 2021)**

Financial Aid Signature: _____ **Date:** _____

Student Must Sign Below:

I understand that:

- **I must adhere to the academic progress requirements to be eligible for Federal Work Study.**
- **I must complete all other employment paperwork prior to the start of work.**
- **The maximum work hours per week allotted is 29 hours.**
- **For Federal Work Study, my earnings will not exceed my Federal Work Study amount.**
- **It is my responsibility to submit my timecard in accordance with the pay-period schedule. Failure to do so may result in loss of wages.**
- **I must be registered as a full-time undergraduate student.**
- **Employment will not begin until all paperwork is approved and submitted to Human Resources.**

Signature: _____**Date:** _____