FEDERAL WORK-STUDY REQUEST FORM

If you did not receive an automatic offer for the FWS Program you may submit this form. If eligible, and if there are funds available in the program, we will offer you FWS. Keep in mind that job placement depends on your skills and, in some cases, your availability to work certain hours. An offer of FWS does not guarantee you a job. If you do not find FWS employment within 90 days from the date of the offer, it may be cancelled.

Date of Birth: ____________________________

Preferred Phone #: ____________________________

Student Email: ____________________________

If you are requesting FWS to return to a previous FWS job or have been offered a FWS job, provide the following:

Employer/Department: ____________________________

Supervisor’s Name: ____________________________

Supervisor’s Phone #: ____________________________

✓ I understand that all of the information above must be complete in order for my FWS to be reviewed. I also understand that this is a REQUEST and therefore, it may be denied. If I am awarded, other aid may be cancelled or reduced to allow for awarding FWS.

Student Signature: X ____________________________ Date: ____________________________

RETURN THIS COMPLETED FORM TO THE STUDENT SERVICES COUNTER, IN LASSEN HALL LOBBY.

This form will be reviewed beginning in July. Incomplete forms will not be reviewed. If you are offered FWS, we will communicate next steps to you via email.

WSREQ 15/16

Rev. 7/1/14