

Office of Financial Aid

2007-2008 Work Study Request Form

Name _____ Social Security Number _____

Permanent Address _____ City _____ State _____ Zip Code _____

Local Address _____ City _____ State _____ Zip Code _____

Campus Box _____ Phone _____ Email Address _____

Term	Work Study Requested Check the appropriate box	Estimated number of hours per week you will work	Estimated number of weeks per term you will work	This Column For Financial Aid Office Use Only
Summer			(12 weeks in term)	
Fall			(18 weeks in term)	
Break			(4 weeks in term)	
Spring			(18 weeks in term)	

EMPLOYER INFORMATION - THIS SECTION MUST BE COMPLETED

Campus Department or Off Campus Agency: _____

Supervisor's Name: _____ Telephone: _____

Expected Hourly Wage: _____ Start Date: _____

Comments:

Student Signature _____ Date _____

For Financial Aid Office Use Only

Action Taken: _____

Comments: _____

Counselor Signature _____ Date _____