



**Student Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

You are eligible to earn \$ \_\_\_\_\_ in the Federal Work Study Program, to be awarded as follows:

Fall: \$ \_\_\_\_\_ Spring: \$ \_\_\_\_\_ Summer: \$ \_\_\_\_\_

You have been assigned to work in the \_\_\_\_\_ office on the North/South campus. Your rate of pay will be \$8.00 per hour. You may work up to 20 hours per week during the regular academic term(s) identified above.

When the required number of hours has been worked or the stated amount has been earned, your Federal Work Study assignment will be terminated.

**Scheduled Work Hours:**

*(to be completed with supervisor)*

Monday	_____	Tuesday	_____
	_____		_____
Wednesday	_____	Thursday	_____
	_____		_____
Friday	_____	Saturday	_____
	_____		_____

**Signatures**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Work Study Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Financial Aid: \_\_\_\_\_ Date: \_\_\_\_\_

GL Code (17 digit number): \_\_\_\_\_