

_____ (offer date)

COLLEGE WORK-STUDY REFERRAL FORM

Student Name _____ Soc. Sec. ____ / ____ / ____

Curriculum _____

has been granted a Work-Study award of \$ _____ for _____ to be earned through employment.

Student will take this form to Coordinator of Work-Study indicated below and return it to Financial Aid Office during registration or within 3 days of the above offer date.

Coordinator or Supervisor: _____ Location _____
(check appropriate box below and sign)

I agree to hire this student for approximately _____ hours per week to satisfy his/her award. Earnings in this position will approximately equal but not exceed the above award.

I agree to provide appropriate supervision, to maintain accurate time cards, and to submit time cards with my signature to the Financial Aid Office according to the published schedule.

Arrangements cannot be made. **[Student must return this form to Financial Aid.]**

(Coordinator signature) _____ (date)

(Supervisor signature) _____ (date)

Student: I agree to work for the hours and rate specified above.

Arrangements cannot be made.

College Work-Study employment depends upon the student's maintaining satisfactory academic progress during the academic year. Refer to the Student Handbook for details.

(Student signature) _____ (date)

FOR OFFICE USE ONLY

Name _____ SS# _____

Home Address _____
Street _____

City _____ State _____ Zip Code _____

Sex _____ W-4 Status _____ Tax Exemptions _____ FICA _____ Family Income _____ Previously On _____

Appt. Date _____ Hourly Rate _____ Account Number _____

EEOC Code _____ Appt. Type _____ Award Amount _____

Job # _____