

Federal Work Study Program

Eligibility Form

Award Year _____ / _____

ATTENTION STUDENT: This is part of your Federal Work Study Application, It must be included with your application. Have your Financial Aid Advisor complete the "Office Use" section for you and take this form with you to the Agency posting the position you are applying for.

Student Name: _____ SSN: _____

Agency Name: _____ Date Open: _____

Duties: _____

Prerequisites/Necessary Skills: _____

Hours: _____ Pay rate: _____

Agency's Address: _____

Contact Person: _____ Phone Number: _____

OFFICE USE

The above-named student **is** **is not eligible** (this does not guarantee an award) for participation as an employee in the Federal Work-Study Program authorized by the Financial Aid Department. Please note that the student may not earn more than the listed maximum during the specified time period. It is the responsibility of the student and the supervisor to jointly devise a work schedule that insures all policies and procedures of the Federal Work Study Program are followed.

Maximum Earnings for the above award year \$ _____ *
Finance Period From _____ to _____
(TJSL reserves the right to revise FWS awards during the award year as necessary)

TJSL FINANCIAL ASSISTANCE OFFICE AUTHORIZED SIGNATURE

WARNING

STUDENTS WILL NOT BE PAID FOR HOURS WORKED PRIOR TO SUBMISSION OF THE COMPLETED HIRING AGREEMENT. PLEASE DO NOT START WORK UNTIL YOU HAVE BEEN NOTIFIED BY THE FINANCIAL ASSISTANCE OFFICE THAT YOU MAY DO SO.

