



FEDERAL WORK-STUDY STUDENT INFORMATION

STUDENT _____
LAST NAME FIRST NAME

ADDRESS: _____
STREET NUMBER AND NAME CITY/STATE/ZIP

SS# _____ PHONE# () _____

DATE OF BIRTH ____/____/____ CUNYFIRST ID# _____

STUDENT: I WILL BE OR AM CURRENTLY ENROLLED AT LEAST HALF TIME AT THE ABOVE COLLEGE. I UNDERSTAND THAT UNDER FEDERAL REGULATIONS, I CANNOT BE PAID FROM FEDERAL WORK STUDY MONEY FOR HOURS WORKED IN EXCESS OF MY AWARD. IT IS MY RESPONSIBILITY TO MAINTAIN RECORDS SO THAT I WILL KNOW WHEN MY AWARD IS COMPLETED. FEDERAL WORK-STUDY IS A FINANCIAL AID PROGRAM. THIS IS TAXABLE INCOME BUT FEDERAL, STATE, AND CITY INCOME TAXES ARE NOT DEDUCTED UNLESS I, THE STUDENT, REQUEST IT. I ACKNOWLEDGE THAT THE POSITION I CHOOSE MUST BE ARRANGED IN CONJUNCTION WITH MY STUDIES AND CLASS SCHEDULE.

STUDENT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

ACADEMIC YEAR: _____ FWS AWARD: \$ _____ PAY RATE: \$ _____

Processed by: _____ Date: _____

- Checklist: Enrollment verified and job record added to CUNYfirst Tax data entered on CUNYfirst
 JobX Updated Emailed **supervisor and student** All documents completed
 Approved to begin work Denied (Explain below)

Reviewed by: _____ Date: _____

- Checklist: Enrollment verified and job record added to CUNYfirst Tax data entered on CUNYfirst
 JobX Updated Emailed **supervisor and student** All documents completed

Comments: _____

