

COSUMNES RIVER COLLEGE
FEDERAL WORK STUDY APPLICATION

Name: _____, _____ ID# _____
Last Name First Name

Please complete the following information and **submit it to the department you are applying for.**

I am applying to work in: _____
Write department name (print and attach a copy of the job opening)

I have the following hours available to work (*shade in areas of availability*):

	M	T	W	Th	F	Sat
8:00-9:00						
9:00-10:00						
10:00-11:00						
11:00-12:00						
12:00-1:00						
1:00-2:00						
2:00-3:00						
3:00-4:00						
4:00-5:00						
5:00-6:00						
6:00-7:00						

Initial all items to indicate your understanding and agreement of the following Federal Work Study expectations:

_____ I understand that my “total resources” (parent/student contribution and financial aid awards) cannot exceed my “total budget.” My eligibility for FWS may change if I receive loans, other awards, or scholarships and could result in a reduction or cancellation of funds.

_____ I understand that I must be enrolled at least half-time (6 financial aid eligible units) to receive FWS funds. If I am awarded FWS funds and fall below half-time enrollment, I must stop working and notify my supervisor and the Financial Aid Office immediately.

_____ I have read and understood the FWS Student Handbook.

Student Signature: _____ **Date:** ____/____/____

Before submitting your application to the preferred department please make sure you meet all the requirements for FWS