



DARE TO DO MORE

2020-2021

FEDERAL WORK-STUDY REQUEST

(PLEASE PRINT CLEARLY)

Student Name: _____ Date: _____

EMPL ID: _____ Phone #: _____

LaGuardia E-mail: _____

I am requesting to be considered for the Federal Work-Study Program for Fall 2020 - Spring 2021 academic year. I understand that there is no guarantee of receiving the FWS award and it will be based on my FAFSA application information and any other aid that I may have been awarded.

- First time, never worked before under FWS program
Continuing, previously worked under FWS program
Request for additional FWS funds - availability of additional funds are limited and based on financial need and academic status.

(Please submit completed form to FWSJobs@lagcc.cuny.edu)

Student's Signature _____

FOR OFFICIAL USE ONLY
FAFSA on file: Yes: [] No: []
Enrolled 6 credits or more: Yes: [] No: []
Meets SAP: Yes: [] No: [] GPA: _____
Has Financial Need: Yes: [] No: []
Accepted by: _____ (Initials) Date: _____
COA: _____ EFC: _____ FA Awarded: _____ Unmet Need: _____
Prior FWS Job: _____ Amount Awarded: _____ Term: _____
Comments: _____
FWS Administrator: _____ (Initials) Date: _____