JOHN JAY COLLEGE
THE CITY UNIVERSITY OF NEW YORK
OF CRIMINAL JUSTICE

FINANCIAL AID OFFICE
FEDERAL WORK STUDY PROGRAM

COPY
____Fin Aid
____Student
____Supervisor/ Other

CONTRACT FOR WORK STUDY PLACEMENT

STUDENT INFORMATION

Full Name ________________________________ **Social Security No.** ☐☐☐ ☐☐ ☐☐☐☐
Last First Middle

Mailing Address ____
Number and Street Apt. City State Zip Code

Home Number ☐☐☐ ☐☐☐ ☐☐☐☐ **Mobile Number** ☐☐☐ ☐☐☐ ☐☐☐☐ **Male** ☐ **Female** ☐

Date of Birth ☐☐ ☐☐ ☐☐ **Age** ______ ☐ **Freshmen (0-30 credits)** ☐ **Sophomore (31-60 credits)** ☐ **Transfer**
☐ **Junior (61-90 credits)** ☐ **Senior (91+ credits)** ☐ **Graduate**

EMAIL ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

What is your anticipated Major: ________________________ **Are you an International Student? Yes** ☐ **No** ☐

Did you work FWS during the Summer? Yes ☐ **No** ☐ **Which College:** ______________________

Did you work FWS previously? Which Semester: ______ **Which Year:** ______ **Which College:** ________________

Are you currently registered for at least six (6) credits? Yes ☐ **No** ☐ **Which College:** ________________

I will be or am currently enrolled at least half time at the above College. I understand that Federal Work study is a Financial Aid Program. 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. FWS is taxable income but Federal, State, and City income taxes are not deducted unless I, the student, request it. I acknowledge that this position has been arranged in conjunction with my studies and class schedule.

Student's Signature Here: Date Here:

For Official Use Only for Application Processing- *Note: Max Earnings / Rate = Total Hrs*

Maximum Earnings	Less Prior Expenses	Balance Remaining	Credits	Hrs Remaining	Rate	Total Hrs
$	$	$	Fall ____ Spring ____		$	Max: _____ in ____Weeks Min: _____ in ____Weeks

Agency: ________ **Location:** ________	**Recommended # Hrs:** ______ **per** _____ **week** ☐ **10 Hrs** ☐ **15 Hrs** ☐ **20 Hrs** ☐ **35 Hrs** ☐ _____	Semester: ____________ Year: __________ Processed By: ______________ Discretionary Date: ___________ Last Date to Work:__________

Start Date: see dates below or until funds are exhausted ***Official Seal indicates Student can work***

Summer: From: ________ **To**________
Fall: From: ________ **To**________
Winter: From: ________ **To**________
Spring: From: ________ **To**________

☐ Discretionary
☐ Reassigned

SUPERVISOR'S INFORMATION

Agency Name ________________________ **Department Name** ________________________

Mailing Address ____
Number and Street Room # City State Zip Code

Supervisor's Email Address ____________________ **Supervisor Contact #** ____________________

Other Supervisor's Email Address ____________________ **Other Supervisor's Contact #** ____________________

Date ____________________ **Fax Number** ____________________

I have read the information and agree to hire this student for the hours specified provided to the student performs his/her tasks satisfactorily. I will maintain and mail time sheets to the Work Study Coordinator, located in the Financial Aid Office in accordance with the published deadlines. Incorrectly completed time sheets will be returned and delay payment to the student. Please note that employment will be terminated when student has earned the maximum earnings or reached the "Last Day To Work". Whichever comes first. This verifies that the above student is eligible for employment based on enrollment and student visa status as approved by the International Student Advisor of the college.

Supervisor Printed Name ____________________ **Supvr. Signature** ____________________
Please print *Provide Signature* *Date*

Other Supvr. Printed Name ____________________ **Other Supvr. Signature** ____________________
Please print *Provide Signature* *Date*

White- Financial Aid Office Copy ***Canary- Supervisor Copy*** ***Pink- Student Copy***

SAMPLE