



MOUNT ALOYSIUS COLLEGE
FEDERAL WORK-STUDY EMPLOYMENT APPLICATION

\*Please print in ink

Name: Last First MI

Street Address:

City: State: Zip code:

This section MUST be COMPLETED and SIGNED by BOTH the student worker and supervisor. As a Federal Work-Study participant it your responsibility to obtain the signature of the supervisor of the site you wish to work.

What job site will you be working?

Department/Job Site Job Title

Statement of Educational Purpose and Student Responsibilities:

By signing this statement, I acknowledge that I have read and understand the educational purpose of Federal Work-Study money and my responsibilities as listed hereafter. I certify that I will use the money I receive/earn under Title IV funding for expenses only related to my study at Mount Aloysius College.

Student signature: Date:

Acceptance and Signature of Supervisor: By signing this application, I agree to hire this student as an employee for my department/site. I have discussed the job description, my expectations of a work-study student worker and my philosophy on being late/absent or calling off work.

Supervisor signature: Date:

For Financial Aid Office use ONLY: DEPARTMENT: SEMESTER: FALL SPRING SUMMER I SUMMER II Attended seminar [ ] Maximum Dollar Amount/Semester W-4 Form Data Sheet Maximum Hours/Semester I-9 Form Confidentiality/FERPA Average Hours per Week Worker's Comp Form Local Earned Income Form